

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000040546

1. Corporation Name

SAM'S HOUSING MART, INC.

Principal Place of Business

1755 N. FLORIDA AVE.
LAKELAND FL 33805

Mailing Address

1755 N. FLORIDA AVE.
LAKELAND FL 33805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2000

5. FEI Number

59-3638457

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



300008674473
10/29/02--01136--004 **150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NEWELL, BRUCE E	108 LAKE HUNTER DRIVE	LAKELAND FL 33803

108 OL WBR

8. Name and Address of Current Registered Agent

HOPPE, JOHN D
100 E. MAIN STREET
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

John D. Hoppe

Street Address (P.O. Box Number is Not Acceptable)

225 E. Lemon Street, Suite 300

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
Bruce E. Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

(863)

616-9767

CR2E040 (8/02)



1755 NORTH FLORIDA AVENUE
LAKELAND, FLORIDA 33805

Phone: 863-616-9767
Fax: 863-687-1977
Email: SamsHousing@aol.com

Division of Corporations:

To whom it may concern,

Here is my reinstatement form. I am very sorry that this is extremely late. I do not remember receiving any other forms earlier.

The only reason that I can think of for not receiving other forms is if you had used the old address of 2820 US 98 N. Lakeland, Fl. However this form has the correct address.

I am sending the original fee of \$150.00 and am praying that this will be sufficient to renew as we are very short of funds.

Thank you,
Bruce E. Newell.