## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000081883

FILED Oct 01, 2009 Secretary of State

Entity Nan	ne: SAMCON	ENTERPRISES INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ON COUNTY LE, FL 32195	RD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ON COUNTY LE, FL 32195	RD			
FEI Number:	59-3737617	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	MUEL S ON COUNTY LE, FL 32195	RD US			
The above in the State		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE: SAMUEL	S. THISE			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) THISE, SAMUE 4009 MARION ( WEIRSDALE, F	COUNTY RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () THISE, CONNIE 4009 MARION ( WEIRSDALE, F	COUNTY RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL S. THISE **PRES** 10/01/2009