


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000050036			
1. Corporation Name SAMMONS & ASSOCIATES, INC.			
2. Principal Office Address 15414 OSPREY GLEN DR Suite, Apt. #, etc.		3. Mailing Office Address 15414 OSPREY GLEN DR Suite, Apt. #, etc.	
City & State LITHIA FL		City & State LITHIA FL	
Zip 33547	Country USA	Zip 33547	Country USA

FILED

04 JUL -2 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida MAY 2-2002	
5. FEI Number 48-1275950	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Michelle Sammons		
Street Address (P.O. Box Number is Not Acceptable) 15414 Osprey Glen Dr 600038647786		
Suite, Apt. #, Etc. 07702/04--01058--004 **300 00		
City Lithia	State FL	Zip Code 33547

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle Sammons
REGISTERED AGENT MUST SIGN

Date

6/22/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michelle Sammons	15414 Osprey Glen Dr	Lithia FL 33547

10. 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:

Michelle Sammons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/04 813-767-6558

Date

Daytime Phone #

CR2E081 (01/04)

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SAMMONS & ASSOCIATES, INC.

June 29, 2004

To: Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: PO2000050036
Sammons & Associates, Inc.

When I recently inquired into the status of my corporation, I was listed as inactive. I contacted the state and they informed me as to the reason. It was for not filing my annual report. Apparently, I was to receive forms to file in a timely manner. However, I moved twice within a 6-month period when building a home and it appears that the forms were not forwarded to my new addresses.

Therefore, I am filing this form for reinstatement with this explanation and the \$300.00 fee. Please note, that I would have been compliant upon receipt of the forms. If there are any questions, please feel free to phone me at 813-767-6558.

Thank you for your understanding in this matter.

Sincerely,



Michelle Sammons

15414 Osprey Glen Dr.
Lithia, FL 33547
813-767-6558