

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 PH 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000127150**

1. Corporation Name

**SAM AUTOMOTIVE INDUSTRIAL SALES & SERVICES,  
CORP**

2. Principal Office Address

**2325 NW 149TH ST**

Suite, Apt. #, etc.

City & State

**DPA LOCKA FL**

Zip

**33054**

Country

**MIAMI-DADE**

3. Mailing Office Address

**17322 NW 74TH AVE**

Suite, Apt. #, etc.

**APT 101**

City & State

**HIALEAH FL**

Zip

**33015**

Country

**MIAMI-DADE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-27-2002**

5. FEI Number

**06-1662989**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**03**

7. Name and Address of Current Registered Agent

Name

**SAN MARTIN ANGEL C**

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

**17322 NW 74TH AVE**

Suite, Apt. #, Etc.

**APT 101**

City

**HIALEAH**

State

**FL**

Zip Code

**33015**

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

Date

REGISTERED AGENT MUST SIGN

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
PSD	SAN MARTIN, ANGEL C	17322 NW 74TH AVE APT 101	Hialeah FL 33015

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:

*Angel C. San Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANGEL C SAN MARTIN PSD**

**10-16-03**

Date

Daytime Phone #

CR2E081 (10/02)

9/10/27

**SAM AUTOMOTIVE INDUSTRIAL SALES & SERVICES, CORP.**  
**2325 NW STREET**  
**OPALOCKA FL 33054**

October 19, 2003

ATT: Department of State  
Division of Corporation

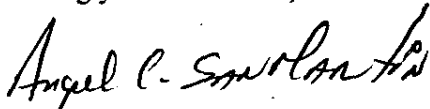
RE: Doc #: P02000127150

The purpose of this letter is to inform you about the problems that we are having with our Corporation in reference to documentation that apparently you are requesting us to send you but we are having so many difficulties with our mailing address receiving the correspondence mailed to us.

Attached to this letter, please find a new UBR document corrected with the information that you have missing from our Corporation and we would like you to excuse us for the delays due to that we never receive your letter requesting that information.

Also we would like you to change our mailing address that is listed on the UBR form that we are sending you to avoid further problems receiving documents and information from your department.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "Angel C. San Martin". The signature is fluid and cursive, with a large initial 'A' and a stylized 'M' at the end.

Angel C San Martin  
President