

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000074983

1. Entity Name
S.A.M. AUTO SALES INC



FILED

05 JUN -8 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8004 NW 154TH STREET
SUITE 388
MIAMI LAKES, FL 3301 US

Mailing Address

8004 NW 154TH STREET
SUITE 388
MIAMI LAKES, FL 3301 US

2. Principal Place of Business

1228 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

3820 SW 31 Drive

Suite, Apt. #, etc.

06062005 REIN-P CR2E098 (6/04)

City & State

Hollywood, FL

Zip

33020

Country

US

City & State

Hollywood FL

Zip

33020

Country

US

4. FEI Number

20-0083038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, ANGELA G
8004 NW 154TH STREET
SUITE 388
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCDONALD, ANGELA G
8004 NW 154TH ST
MIAMI LAKES, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
McDonald, Angela G
3820 SW 31 Drive
Hollywood, FL 33023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
McDonald Steve A
3820 SW 31 Drive
Hollywood, FL 33023 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100055913661
06/08/05--01085--001 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$9619 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve A McDonald

Date

6/07/05

Daytime Phone #

954-274-9359