

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 JUN -5 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000115992

1. Corporation Name

S.A.M. Carpentry, Inc.

REINSTATEMENT 04-06

~~006000022200~~
CR2E081 (12/05)

2. Principal Office Address

13712 Kendale Lake Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33183

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/03

5. FEI Number

06-1711286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Osman O Murillo

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

13712 Kendale Lake Dr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

Osman O Murillo

Date

5/31/06

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
P	Osman O Murillo	13712 Kendale Lake Dr.	Miami, Florida 33183
S	Charmein Murillo	13712 Kendale Lake Dr.	Miami, Florida 33183

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 contained in Chapter 119, 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:

Osman O Murillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Osman O. Murillo

5/31/06

305

733-9248

305-773-9248

***Andy Martinez, C.P.A.
a Professional Association***

May 1, 2006

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

Dear Agent:


RE: S.A.M. Carpentry, Inc.
F03060115992

Mr. Murillo, owner of S.A.M. Carpentry, was just informed by the bank that their account will be closed, because their Company has been administratively dissolved since 2004. Being that this is their first corporation they were not aware that they had to renew yearly. They also do not recall receiving any correspondence from the state regarding renewing or any notice that their company would be dissolve.

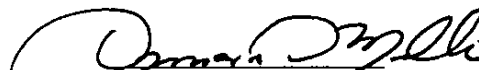
Based on the above, we kindly ask that you please accept the enclosed check for \$450.00, to reinstate the company hereby waiving the \$600.00 reinstatement fee, as this is a closely held corporation with little activity.

If there are any questions, please do not hesitate to contact us or the client.

Respectfully Yours,


Jeannie Espinosa, CPA
For the Firm

Regretfully,


Osman Murillo
S.A.M. Carpentry, Inc.

Enclosure:
Reinstatement Form
\$450 Check