

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000138718

1. Corporation Name

**SAMKEY LOCKSMITH INC.**

2. Principal Office Address

**639 TAMiami BLVD**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33144**

Country

**USA**

3. Mailing Office Address

**639 TAMiami BLVD**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33144**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/24/2003**

5. FEI Number

**20-0424971**

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

**SAMUEL VALDES**

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

**639 TAMiami BLVD**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code  
**33144**

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

*[Signature]*  
10-0

Date

**10/10/04**

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
PVST	SAMUEL VALDES	639 TAMiami BLVD	MIAMI, FLORIDA 33144
D	SAMUEL VALDES	639 TAMiami BLVD	MIAMI, FLORIDA 33144

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/10/04**

Daytime Phone #

2072

Sam Key Locksmith Inc.  
639 Tamiami Blvd.  
Miami, Florida 33144

Doc. #P03000138718

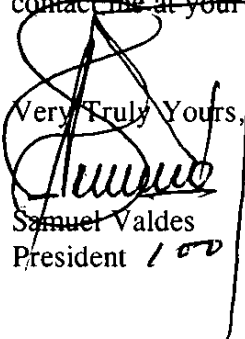
October 10, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the years 2005 and 2006. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happen, so your office could review my case and attached a \$300.00 check for the annual report for the 2 years. So in total I'm sending a check for \$300.00. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,

  
Samuel Valdes  
President 100