

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000095223

1. Corporation Name

STM Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

830 North 10th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33019

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2004

5. FEI Number

20-2406409

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
Pietrina Sams

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

830 North 10th Ave

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33019

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Pietrina Sams

REGISTERED AGENT MUST SIGN

Date

June 10, 2007
(B) America #1203

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
<input checked="" type="checkbox"/> ✓	Murray Sams, Jr.	830 North 10th Ave	Hollywood FL 33019
<input checked="" type="checkbox"/> P	Pietrina Sams	830 North 10th Ave	Hollywood FL 33019

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.

VICE
SIGNATURE:

Murray Sams

MURRAY SAMs

June 10, 2007

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT PIETRINA SAMs **June 10, 2007**