

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 18 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804000099264

1. Corporation Name

SAMMY'S DIVERSIFIED
ENTERPRISES INC.

2. Principal Office Address

302 WASHINGTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

OLDSMAR

City & State

Zip

34677

Country

FLORIDA

Zip

Country

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-04

5. FEI Number

20-1904958

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 S. FORD

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

302 WASHINGTON AVE.

Suite, Apt. #, Etc.

City

OLDSMAR

State
FL

Zip Code

34677

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

Samuel S. Ford
REGISTERED AGENT MUST SIGN

Date 10-16-06

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
D	SAMUEL S. FORD	302 WASHINGTON AVE	OLDSMAR, FL 34677

20060956942
10/19/06--01033--022 **\$300.00

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:

Samuel S. Ford SAMUEL S. FORD

Date

10-16-06 913-624-3023

Daytime Phone #

10/26
GO