


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000029740</b> 1. Entity Name <b>SAMUEL JUAN INC.</b>					
Principal Place of Business <b>44 MOSSY OAK 2ND ST QUINCY, FL 32351</b>			Mailing Address <b>POST OFFICE BOX 180353 TALLAHASSEE, FL 32318</b>		
2. Principal Place of Business - No P.O. Box # <b>58 Sioux Circle</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Havana, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-2408651</b>	
Zip <b>32333</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JUAN, SAMUEL</b> <b>44 MOSSY OAK 2ND ST</b> <b>QUINCY, FL 32351</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 180353</b> <b>Tallahassee, FL 32318</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MEJIA, GEOVANNI</b> <b>POST OFFICE BOX 180353</b> <b>TALLAHASSEE, FL 32318</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GUZMAN, JORGE</b> <b>44 MOSSY OAK 2ND ST</b> <b>QUINCY, FL 32351</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 180353</b> <b>Tallahassee, FL 32318</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000145644210</b> <b>03/12/09--01020--024 **\$300.00</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>R. B. Lopez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/11/09</u> <small>Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 08-09