

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000013219

1. Entity Name
SAMMY CUSTOM AUTO SALES INC.



Principal Place of Business
13801 S.W. 142ND AVE.
MIAMI, FL 33186

Mailing Address
13801 S.W. 142ND AVE.
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1017

REINSTATEMENT

FILED

07 NOV -2 AM 9:14

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



1017 10/20/08 (1/07) 07

4. FEI Number
65-0387406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUMAS, SAMUEL
13801 S.W. 142ND AVE.
MIAMI, FL 33186

Name

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

City

FL

Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PTSD
DUMAS, SAMUEL
13801 SW 142 AVE
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition
100111649501
11/02/07--01056--014 **150.00

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Telephone #