

DS-13-1999 90026 045... 150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000046371 1 Corporation Name			
SAMMY J., INC.			
Principal Place of Business 21708 MARIGOT DRIVE BOCA RATON, FL 33428		Mailing Address 21708 MARIGOT DRIVE BOCA RATON, FL 33428	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 06/17/1994	
		5. FEI Number 65-0500098	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	SAM J. GOLDMAN	21708 MARIGOT DRIVE	BOCA RATON, FL 33428
			700003012777-6
			10/12/99 01855 005
			****750.00 ****750.00
			TS
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SAM J. GOLDMAN 21708 MARIGOT DRIVE BOCA RATON, FL 33428		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc. City State Zip Code FL	
10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Sam J. Goldman</i> Date 09/27/1999 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on Intangible tax.)			
12 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: <i>Sam J. Goldman</i> SAM J. GOLDMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		09/27/1999 (954) 470-2258 Date Daytime Phone #	

CR2040 (1/99)