

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 FEB 28 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046371**

1. Corporation Name

SAMMY J, INC.

W05000008569

2. Principal Office Address		3. Mailing Office Address	
15996 D'ALENE DRIVE		15996 D'ALENE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
DELRAY BEACH, FL		DELRAY BEACH, FL	
Zip	Country	Zip	Country
33446	USA	33446	USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida		06/17/1994
5. FEI Number	Applied For	
65-0500098	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name		
SAM J. GOLDMAN		
Street Address (P.O. Box Number is Not Acceptable)		
15996 D'ALENE DRIVE		
Suite, Apt. #, Etc.		
City		
DELRAY BEACH		
State	Zip Code	
FL	33446	

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 *[Signature]*

Date **02/10/2005**

REGISTERED AGENT MUST SIGN

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
P/D	SAM J. GOLDMAN	15996 D'ALENE DRIVE	DELRAY BEACH, FL 33446
			300047874013 03/08/05--01010--024 **300.00
			300047874013 03/08/05--01010--025 **172.25
			<i>[Handwritten: 123/3]</i>

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 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: *[Signature]* **SAM J. GOLDMAN**

Date **02/10/05** Daytime Phone # **954.777.3101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

GUTHRIE, JACOBS & EUBANKS, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

RONALD WINTER, CPA

115 CRAWFORD BOULEVARD
BOCA RATON, FLORIDA 33432
(561) 395-1675

BROWARD (954) 421-0411
PALM BEACH (561) 734-5243
FAX (561) 395-0960

OTHER OFFICE:

SANFORD V. HOWARD, JR., CPA
J. RICHARD EUBANKS, CPA
ALTON M. JACOBS, CPA, RETIRED
H. EDWIN GUTHRIE, CPA, RETIRED

221 SOUTHERN BOULEVARD
WEST PALM BEACH, FLORIDA 33405
(561) 655-5100 • FAX (561) 655-3898

Wednesday, February 9, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sammy J, Inc. Document #P94000046371

Dear Sirs,

Enclosed is Florida Department of State Corporation Reinstatement form for Sammy J, Inc. We are requesting that the Department please waive the \$600.00 penalty. The Corporation had changed its mailing address and did not receive the annual report mailing. There was no intention to ignore the filing. It was merely an administrative oversight. Enclosed you will find a check in the amount of \$300.00 for years 2003 and 2004. Please reinstate the above named corporation and make available on the internet the 2005 Annual Report.

We thank you for your assistance in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Ron Winter', with a large, stylized flourish extending from the end.

Ron Winter, CPA
email: ronald115@aol.com