

P95000004036

TRANSMITTAL LETTER

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

8000001381288
-01/17/95- 01008- -011
***122.50 ***122.50

SUBJECT: SAM'S INTERIORS AND CANVAS INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00

☐ \$78.75

☒ \$122.50

☐ \$131.25

55 JAN 13 PM 3:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM:

SAM MOAWAD

Name (printed or typed)

2919 E. COMMERCIAL BLVD. STE A

Address

FT. LAUDERDALE, FL. 33308

City, State & Zip

(305) 928-0707

Daytime telephone number

STC

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

SAM'S INTERIORS AND CANVAS INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2190 E. ATLANTIC BLVD.

POMPAÑO BEACH, FL. 33062

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALLEN H. KATZ

2919 E. COMMERCIAL BLVD. STE A

FT. LAUDERDALE, FL. 33303

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 PM 2:40

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

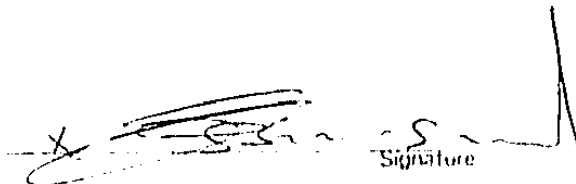
SAM MOAWAD

2190 E. ATLANTIC BLVD.

POMPANO BEACH, FL. 33062

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of November, 1994


Signature

Signature

Signature

Articles of Incorporation

Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SAM'S INTERIORS AND CANVAS, INC.

2. The name and address of the registered agent and office is:

ALLEN H. KATZ

(Name)

2919 E. COMMERCIAL BLVD. STE. A

(P.O. Box not acceptable)

FT. LAUDERDALE, FL. 33308

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Allen H. Katz
(Signature)

11-16-96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 PM 2:40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 10 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004036

1. Corporation Name

SAM'S INTERIORS AND CANVAS INC.

Principal Place of Business

2100-E-ATLANTIC-BLVD-
POMPANO BEACH FL 33062

Mailing Address

2100-E-ATLANTIC-BLVD-
POMPANO BEACH FL 33062

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

218 N Federal Hwy
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

218 N Federal Hwy
Suite, Apt. #, etc.

City & State

Pompano Beach, FL
33062 Broward

City & State

Pompano Beach, FL
33062 Broward

REINSTATEMENT 1996

4. Date incorporated or Qualified
To Do Business in Florida

01/13/1995

5. FEI Number

65-0596053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 2. Name of Officers and/or Directors 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

1. Title(s) 2. Name of Officers and/or Directors 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

Pres. Essam S Moawad 400 NW 43 St.

City / State / Zip

Pompano Beach, FL 33064

600001981126--8
-10/21/96--01037--006
****375.00 ****375.00

8. Name and Address of Current Registered Agent

KATZ, ALLEN H
2919 E COMMERCIAL BLVD
SUITE A
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10-4-96

(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

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 names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Essam S Moawad President

10-4-96 954-785-5469
Date Daytime Phone #