


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">99 JUN 29 AM 10:37</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">P950000 KSSD</span>					
<b>1. Corporation Name</b> <span style="font-size: 1.2em;">Samson e Delilah</span>					
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">9046 SW 40th St MIAMI FL 33165</span>			<b>Mailing Address</b> <span style="font-size: 1.2em;">9046 SW 40th St MIAMI FL 33165</span>		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<b>2. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>3. New Mailing Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <span style="font-size: 1.2em;">95</span>	
<b>5. FEI Number</b> <span style="font-size: 1.2em;">65-0570965</span>				<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
President	Renee Pasquardella	9046 SW 40th St MIAMI	MIAMI FL 33165		
			000002925520--5 -07/07/99--01073--015 *****900.00 *****900.00		
			000002925520--5 -07/07/99--01073--016 *****8.75 *****8.75		
REINSTATEMENT 98-99 TS					
<b>8. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;">Renee Pasquardella 9046 SW 40th St MIAMI FL 33165</span>			<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code <span style="float: right;">FL</span>		
<b>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.</b> Signature of Registered Agent: <span style="font-size: 1.2em;">Renee M Pasquardella</span> Date: <span style="font-size: 1.2em;">6/19/99</span> REGISTERED AGENT MUST SIGN					
<b>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>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)(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.</b>					
<b>SIGNATURE:</b> <span style="font-size: 1.5em;">Renee M Pasquardella</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <span style="font-size: 1.2em;">6/19/99</span>		Daytime Phone #: <span style="font-size: 1.2em;">305-220-4247</span>

CPRE001 (12/98)