PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -1 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042383

1. Corporation Name

SAM'S A., INC.

Principal Place of Business	Mailing Address
603 W. MOWRY DRIVE HOMESTEAD FL 33030	603 W. MOWRY DRIVE HOMESTEAD FL 33030

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
1040 S.W. 10 Ave #4	1040 S.W. 10 AVE #4
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Florida	City & State: Pompano Beach, Florida
Zip: 33069 Country: USA	Zip: 33069 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 05/25/1995

5. FEI Number: 65-0582501 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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 3	City / State / Zip 4
PS	HAMMAD, IYAD AHMAD	603 W MOWRY DR	HOMESTEAD FL 33030
			700003040247--6 -11/09/99--01089--003 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

WATKINS, KATHLEEN H ESQ.
830 NO. KROME AVENUE
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name: Hammad, Iyad
Street Address (P.O. Box Number is Not Acceptable): 1040 S.W. 10 Ave #4
Suite, Apt. #, Etc.: #4
City: Pompano Beach, State: FL, Zip Code: 33069

CR2E040 (8/99)

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: Iyad Hammad [illegible] Date: 10/29/99
REGISTERED AGENT MUST SIGN

11. 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: Iyad Hammad [illegible] 10/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
954-788-0828

0024029 AF

10/29/09

To Whom it may Concern;

I am Submitting Payment for $1150 - To Reinstate my Corporation. I am hoping that you can accept this. Reason for Delay of Payment is when you mailed me 1st time, you mailed under corporation address. While I changed Mailing address only for Store Name to go and be Mailed to My office address in Pompano Beach not Homestead. Please Accept this Explanation and Payment to Reinstate My company. If you need to contact Me Please Call Me at (954) 788-0828 or FAX (954) 788-0831

Best Regard

Syed Hammed