

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen 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

603 W. MOWRY DRIVE
HOMESTEAD FL 33030

Mailing Address

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

1040 S.W. 10 Ave #4
Suite, Apt. #, etc.

City & State

Pompano Beach, Florida
Zip 33069 Country USA

3. New Mailing Office Address, If Applicable

1040 S.W. 10 Ave #4
Suite, Apt. #, etc.

City & State

Pompano Beach, Florida
Zip 33069 Country USA

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
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, FL 33069

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

10/29/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-788-0828

10/29/99

To Whom it may concern,

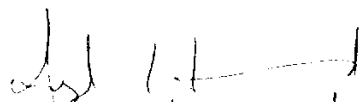
I am Submitting Payment For \$150 -
To Reinstate my Corporation. I am
hoping that you can accept this.

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


Tony Hammel