

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 AM 9:46

DOCUMENT # P95000042383

1. Corporation Name

Sam's A., Inc.

2. Principal Office Address

1040 S.W. 10th Ave

3. Mailing Office Address

1040 S.W. 10th Ave

Suite, Apt. #, etc.

Bay # 4

Suite, Apt. #, etc.

Bay # 4

City & State

Pompano Beach, FL

City & State

Florida Pompano Beach

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-25-95

5. FEI Number

650582501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IYAD HAMMAD

600004037036

-04/23/01--01001--023

Street Address (P.O. Box Number is Not Acceptable)

1040 S.W. 10th Ave

****300.00 ****300.00

Suite, Apt. #, Etc.

#4

City

Pompano Beach

State
FL

Zip Code

33069

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

Iyad Hammad

REGISTERED AGENT MUST SIGN

Date 4-12-01

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
Pres	Iyad Hammad	1040 S.W. 10th Ave #4	Pompano Beach, FL 33069

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:

IYAD HAMMAD

4-12-01

Date

Daytime Phone #

CR2E081 (9/00)