2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000042 1. Entity Name SAM'S A., INC.	383		FILE U 2006 OCT 27 AM 9: 33		
Principal Place of Business 603 W MOWRY DR HOMESTEAD, FL 33030	Mailing Address 603 W MOWRY DR HOMESTEAD, FL 3303	30	SECRETARY OF STATE TALLAHASSEE.FLORIDA		
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	uite, Apt. #, etc. Suite, Apt. #, etc.		10242006 REIN-P CR2E098 (11/05)		
City & State	City & State	•	4. FEI Number Applied For 65-0582501 Not Applied		
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
ELAYAN, FARID M 603 W MOWRY DRIVE HOMESTEAD, FL 33030		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
HOWESTEAD, TE 33030		City	₽ Zip Code	_	
The above named entity submits this statement for	r the nurnose of changing its		FL '	ant	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Singulare, type-of printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.0	0		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	,	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\Box	
ITILE P NAME ELAYAN, FARID M STREET ADDRESS 603 W MOWRY DRIVE CITY-ST-ZIP HOMESTEAD, FL 33030	L] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addit 700081304307 10/27/0601058016 **150.00	tion	
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indicated on this report or supplemental report is	s true and accurate and that i owered to execute this recon	my signature shall have that t as required by Chapter (ned in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or directe 607, Florida Statutes; and that my name appears in Block 10 or Block 11	or l	
SIGNATURE: SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	R OR DIRECTOR	10-85-06 Date Daytime Phone #	-	

10/3/00