

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 FEB 28 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086207

1. Corporation Name

SAM CONSULTING, INC.

Principal Place of Business

7200 N.W. 179TH STREET  
SUITE 211  
MIAMI FL 33015

Mailing Address

7200 N.W. 179TH STREET  
SUITE 211  
MIAMI FL 33015



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

38 SOUTH FEDERAL Hwy

Suite, Apt. #, etc.

STE #4

City & State

DANIA, FL 33004

Zip

33004

Country

USA

3. New Mailing Office Address, If Applicable

38 SOUTH FEDERAL Hwy

Suite, Apt. #, etc.

STE #4

City & State

DANIA, FL

Zip

33004

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1995

5. FEI Number

65-0627251

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DEGIACOMO, DAVID	7200 N.W. 179TH ST. SUITE 211	MIAMI FL

300002102793--0  
-03/03/97--01120--004  
\*\*\*\*383.75 \*\*\*\*383.75

REINSTATEMENT

96  
A. M. M.  
2/10/97

8. Name and Address of Current Registered Agent

DEGIACOMO, DAVID  
7200 N.W. 179TH STREET  
SUITE 211  
MIAMI FL

9. Name and Address of New Registered Agent

Name  
DAVID DEGIACOMO  
Street Address (P.O. Box Number is Not Acceptable)  
38 SOUTH FEDERAL Hwy  
Suite, Apt. #, Etc.  
STE #4  
City  
DANIA  
State  
FL  
Zip Code  
33004

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

David Degiacomo

REGISTERED AGENT MUST SIGN

Date

12/10/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

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.

SIGNATURE:

David Degiacomo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/96 954-929-4777

Date

Daytime Phone #

CR02040 (7/96)