PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THAT FORM

**APPLICATION** FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

P95000086207

1. Corporation Name

SAM CONSULTING, INC.

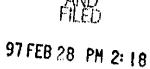
Principal Place of Business

7200 N.W. 179TH STREET

SUITE 211

7200 N.W. 178TH STREET

SUITE 211



CRETARY OF STATE LAHASSEE, FLORIDA



MIAMI FL 33015	MIAMI FL 3	3015		,			
If above addresses are incorrect.  2. New Principal Office Address,  38 South Febers.		ing Office Address, If	***************************************	Date Incorp     To Do Busin	orated or Qualified ness in Florida	11/09/1995	
Suite, Apt. #, etc.	Suite, Apt. #			5. FEI Numbe		· · ·	
City & State	City & State	<del> </del>			0627251	Applied For Not Applicable	
DANIA, FL 99	DANI	A FL		6.		\$8.75 Additional Fee required	
33004 U	5A Zip 3300	Countr	54	CERTIFICATI	E OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses	of Each Officer and/or Director (Fk	orida nonprofit corpora	itions must list at lea	ast 3 directors)			
Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers			rs) City / State / Zip		
D DEGIACOMO, DA		7200 N.W. 179TH ST. SUITE 211		MIAMI FL			
				30	0000210	27930	
					-03/03/97- ****383.7	-01120004 '5 ****383.75	
				REINSTATEMENT_16			
						U-lllun	
B. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
DEGIACOMO, DAVID			Name 70 AVID	256	ARAMO	1 1	
7200 N.W. 179TH STREE	-T		Street Address (F		le Not Acceptable)		
SUITE 211	-,	•	Suite, Apt, #, Etc	ITH FE	DEPAL HU	<u>9</u>	
MIAMI FL			512	44	,		
			City	4		State Zip Code FL 33004	
10. I, being appointed the registr	red agent of the above named corp	oration, am familiar w	ith and accept the o	bligations of Sec	ion 607.0505, F.S.	, _ ,	
Signature of Registered Agent	registered A	GENT MUST SIGN			Date 12/	10/96	
11. Does this corpo Dept. of Reven	oration pay any intan ue under S. 199.032	gible tax to th , Florida Stat	ne utes. Yes	X No □	(See other	er side for information Intangible tax.)	
this reinstatement application owed by the corporation have	r director or the receiver or trustee e t, the reason for dissolution has bee e been paid and the names of indivi accurate, and my signature shall h	n eliminated, the corp iduals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	s of section 607.0401 or 6	17.0401, F.S., that all fees	