


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 14 AM 8:25

DOCUMENT # P96000062912


1. Entity Name
SAM SAHAI, INC.



Principal Place of Business
**1300 E BAY DR
LARGO, FL 34641**

Mailing Address
**HASTINGS & ASSOCIATES, PA
2207 54TH ST S
SAINT PETERSBURG, FL 33707**

AS
12/06/06 01038 014 \$150.00



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1034
Suite, Apt. #, etc.

12072006 REIN-P CR2E098 (11/05)

City & State
Palm Harbor FL

Zip
34682

Country
US

4. FEI Number
59-3389592

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**HASTINGS, DAVID C
HASTING & ASSOCIATES, PA
2207 54TH ST S
SAINT PETERSBURG, FL 33707**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Tara Hetzel
Street Address (P.O. Box Number is Not Acceptable)
634 Green Valley Rd G5
City
Palm Harbor FL Zip Code
34683

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: *Tara Hetzel* DATE: **12/11/06**

Signature, typed or printed name of registered agent at office if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NITISATURN, SARAWUT 7310 54TH AVE. NORTH ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AUGUSTO, PRATANA 1300 E BAY DR LARGO, FL 34641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARUNGSINSAP, PREECHA 1300 E. BAY DR LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tara Hetzel* DATE: **12/11/06** (727) 584-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #