


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 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**

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	<b>VD NITISATURN, SARAWUT 7310 54TH AVE. NORTH ST. PETERSBURG, FL 33709</b> <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	<b>DST AUGUSTO, PRATANA 1300 E BAY DR LARGO, FL 34641</b> <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	<b>PD CHARUNGSINSAP, PREECHA 1300 E. BAY DR LARGO, FL 33771</b> <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 #