PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI	Service Later 5	8	DEPART Secretary SION OF CO	of S			FILE!	H 8:41	
DOCUMENT # P96000062912 1. Corporation Name SAM SAHALINC										
•		3. Mailing Office Address PO BOX 1034 Suite, Apt. #, etc. City & State PALM HARBOR, FL				##750.00 CR2E081 (6/10) 4. Date incorporated or Qualified To Do Business in Florida 7/25/96 5. FEI Number 593389592 Applied For Not Applicable				
Zip	أمصدنا		Zip 24692		Country 6.		6.		.75 Additional Fee required	
33771	771 USA 34682 USA 7. Name and Address of Current Registered Agent							. Or Office Desired	for a Certificate of Status	
TARA STILL Street Address (P.O. Box Number is Not Acceptable) 634 GREEN VALLEY RD Suite, Apt. #, Etc. G5 City PALM HARBOR State Zip Code FL 34683								REINSTATEMENT		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN									s 10	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least]	
Titles		Name of Officers and/or Directors				treet Address of Each Officer and/or Director		City / St	ate / Zip	
PD	CHARL	JNGSINSAP, PF	REECHA 1300 E BAY DR			BAY DR		LARGO, F	L 33771	
VD	NITIS	APORN, SAF	AWUT 1300 E BAY DE			BAY DF	₹	LARGO, FL	33771	
STD	CHAR	AINAYA	INAYA 1300 E BAY DR				LARGO, FL 33771			
10. E-mail Address: baby_bape(7hamail.com (To be used for future annual report notification)										
filing this fees ow	s reinstatemer ed by the corp de under oath	nt application, the reason for coration have been paid. I for	dissolution has be ther certify, the i	ee empowe been elimina promission is	red to ted, the ndicate	execute this application	tion as provided fies the requirement true and accurate	for in chapter 607 or 617, F.S. ents of section 607.0401 or 6 e, and my signature shall har 10/13/10	317.0401, F.S., that all	