


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000074933		
1. Entity Name 440 EAST SAMPLE ROAD, INC.		

Principal Place of Business 9600 WEST SAMPLE RD SUITE 300 CORAL SPRINGS, FL 33065	Mailing Address 9600 W. SAMPLE ROAD, SUITE 300 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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CORAL SPRINGS, FLORIDA

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REINSTATEMENT 08

4. FEI Number 65-0691882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEUTSCH, STEVEN W ESQ 3232 N.W. 62ND LANE BOCA RATON, FL 33496-3395		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNEIDER, ANDREW 3232 N.W. 62ND LANE BOCA RATON, FL 334963395 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/25/08 - 90065-021 \$150.00
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
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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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

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:  11/10/08 561-702-3182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

SNEIDER MANAGEMENT

9600 West Sample Road
Suite 300
Coral Springs, Florida 33065
Phone: 561-702-3182
Fax: 866-897-3672
asneider@sneidermgt.com

To Whom It May Concern:

Regarding: Document # P96000074933
Tax ID # 65-0691882
Name of Corp.: 440 East Sample Road, Inc.

Date: November 10, 2008

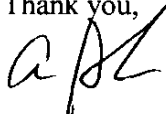
This letter is to verify that I mailed in my original Corporation information along with a check, the check was cashed.

I was then sent a letter stating that I had not signed the form. Upon receiving the form I signed it and immediately returned it to you within 30 days. I am now informed you did not receive the executed form.

I am requesting that you waive the \$750.00 fee and accept the signed attached 2008 Profit Corporation Reinstatement for 440 East Sample Road, Inc.

If you should have any questions please contact me at
561-702-3182 or asneider@sneidermgt.com

Thank you,



Andrew Sneider
Sneider Management

