

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -5 PM 1:19

DOCUMENT # P 96 0000 88506

1. Corporation Name

SAM-CON SERVICES INC.

2. Principal Office Address

1441 SW 27 CRT

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

Zip Country

33315 U.S.A.

3. Mailing Office Address

3152 NW 88 AVE

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

Zip Country

33351 U.S.A.

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1996

5. FEI Number

65-0732942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEITH SAMUELS

400005108464-4

Street Address (P.O. Box Number is Not Acceptable)

1441 SW 27 COURT

-03/14/02--01064--004

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

FT. LAUDERDALE FL.

State

FL

Zip Code

33315

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/28/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KEITH SAMUELS	1441 SW 27 COURT	FT. LAUDERDALE, FLORIDA 33315

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

KEITH SAMUELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

305 409 6227

Daytime Phone #