

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS | |
|---|--------------------------------------|---|--------------------------|
| DOCUMENT # P96000088506 | | | |
| 1. Corporation Name SAM-CON SERVICES, INC. | | | |
| Principal Place of Business 1441 SW 27 COURT FT LAUDERDALE FL 33315 US | | Mailing Address 3152 NW 88 AVE SUNRISE FL 33351 US | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable 7921 SW 8 th STREET Suite, Apt. #, etc. NORTH LAUDERDALE City & State FLORIDA Zip 33068 | | 3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc. City & State Zip Country USA | |
| 4. Date Incorporated or Qualified To Do Business in Florida 10/28/1996 | | 5. FEI Number 65-0732942 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For Not Applicable | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| P | SAMUELS, KEITH | 1441 SW 27TH COURT | FORT LAUDERDALE FL 33315 |
| | NEW ADDRESS | 7921 SW 8 th STREET | N. LAUDERDALE FL 33068 |
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| 8. Name and Address of Current Registered Agent SAMUELS, KEITH 1441 SW 27TH COURT FORT LAUDERDALE FL 33315 | | 9. Name and Address of New Registered Agent Name KEITH SAMUELS Street Address (P.O. Box Number is Not Acceptable) 7921 SW 8 th STREET Suite, Apt. #, Etc. City NORTH LAUDERDALE State FL Zip Code 33068 | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. | | | |
| Signature of Registered Agent  | | Date 2/9/04 | |
| 11. 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:  | | Date 2/9/04 (905) 303-7185 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |