

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000068923

1. Corporation Name

R. SAM, INC.

Principal Place of Business

9856 MARINA BLVD. STE. 1315  
 BOCA RATON FL 33428

Mailing Address

9856 MARINA BLVD. STE. 1315  
 BOCA RATON FL 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
 3109 Spanish Trail

City & State  
 Delray Beach, FL 33483

Zip Country

3. New Mailing Office Address, If Applicable

c/o CompuKeeper  
 Suite, Apt. #, etc.  
 1446 NW 2nd Ave. #105

City & State  
 Boca Raton, FL 33432

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1997

5. FEI Number

65-0775240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCRENCI, RALPH	<del>9856 MARINA BLVD. STE. 1315</del> 3109 Spanish Trail	<del>BOCA RATON FL 33428</del> Delray Beach, FL 33483

200002730952--3  
 -01/05/99--01086--009  
 \*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

SCRENCI, RALPH  
 9856 MARINA BLVD. STE. 1315  
 BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 3109 Spanish Trail

Suite, Apt. #, Etc.

City Delray Beach

State  
 FL

Zip Code  
 33483

10. I, being appointed the registered agent of this above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

X

REGISTERED AGENT MUST SIGN

Date

X

12/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/98

(954)  
 295-9152

CR20040 (9/98)

December 18, 1998

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

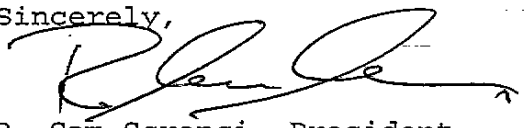
Re: R. SAM, INC.  
P97000068923

I am enclosing the application for reinstatement, change of address and my check in the amount of \$150.00.

Please note that I did not receive an annual report to file, and since this was my first year as a Corporation I had no idea one was needed.

Please be assured this error will not happen in the future. If I do not receive an annual report I will request one from the state.

Sincerely,

  
R. Sam Screnci, President  
R. SAM, INC.

cc:file

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**APPLICATION**  
**REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JAN -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000089539**

1. Corporation Name

**STEEL THUNDER, INC.**

Principal Place of Business

Mailing Address

69 HICKORY ROAD  
HOLLYWOOD FL 33021

69 HICKORY ROAD  
HOLLYWOOD FL 33021



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/17/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0787791	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	SAVIR, ELAN	69 HICKORY ROAD	HOLLYWOOD FL 33021

500002730955--3  
-01/05/99--01086--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name **ELAN SAVIR**  
Street Address (P.O. Box Number is Not Acceptable)  
**69 Hickory Road**  
Suite, Apt. #, Etc.  
City **Hollywood** State **FL** Zip Code **33021**

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.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/98 954-926-6666  
Date Daytime Phone #

CR2040 (9/98)

**STEEL THUNDER, INC.  
69 HICKORY RD.  
HOLLYWOOD, FLORIDA 33021**

December 28, 1998

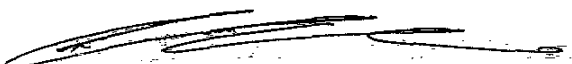
RE: P97000089539

Dear Sirs:

Please accept our check for \$150 00 for the Florida Annual Report as we never received the original copies of the Annual Report form, nor did we receive any follow-up copies. They must have been sent to the original Incorporator and they never sent them to us.

We were a new company formed in late 1997 and did not know about this filing. Please accept our apologies and reinstate us. Thank you in advance.

Yours very truly,



Elan Savir

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JAN -4 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000383

1. Corporation Name

CHALJET 1038 HOLDINGS INC.

Principal Place of Business

Mailing Address

5500 NW 21ST TERR., HANGAR 17  
FT. LAUDERDALE EXECUTIVE AIRPORT  
FT. LAUDERDALE FL 33309

5500 NW 21ST TERR., HANGAR 17  
FT. LAUDERDALE EXECUTIVE AIRPORT  
FT. LAUDERDALE FL 33309



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
5340 N.W. 21st Avenue

3. New Mailing Office Address, if Applicable  
5340 N.W. 21st Avenue

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/1997

Suite, Apt. #, etc.  
Building 60

Suite, Apt. #, etc.  
Building 60

5. FEI Number

65-0744610

Applied For

Not Applicable

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

Zip  
33309

Country  
U.S.A.

Zip  
33309

Country  
U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	BRENKUS, SHARLENE	<del>8100 BLUE LAGOON DR., STE. 100</del> 2200 West Commercial Blvd.	<del>MIAMI FL 33128</del> Fort Lauderdale, FL 33309
P	ELLIS, BARRY	<del>5500 NW 21ST TERR., HANGAR 17</del> 5340 NW 21st Ave., Bldg. 60	FT. LAUDERDALE FL 33309
ST	CAROE, LAURENCE C	2085 HURONTARIO ST., STE. 200	MISSISSAUGA, ONTARIO L5A 4G1
			7000002730947--8 -01/05/99--01086--007 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIS, BARRY  
5500 NW 21ST TERR., HANGAR 17  
FT. LAUDERDALE EXECUTIVE AIRPORT  
FT. LAUDERDALE FL 33309

Name

ELLIS, Barry

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

5340 N.W. 21st Avenue,

Suite, Apt. #, Etc.

Building 60,

City

Fort Lauderdale

State

FL

Zip Code

33309

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date December 22, 1998

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

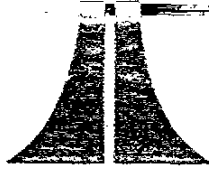
Laurence Caroe Secretary

Dec. 22/98 (905) 803-8898

Date

Daytime Phone #

CR2ED40 (0/98)



**LAURENCE C. CAROE**

Barrister & Solicitor

22 December 1998

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL  
32314-6327, U.S.A.

Dear Sirs:

**Re: Reinstatement of Chaljet 1038 Holdings Inc. – F97000000383**

I am pleased to submit herewith the Application for Reinstatement of the above-noted corporation which I represent. The corporation is incorporated in the State of Delaware. Also enclosed is the normal annual filing fee of \$150.00.

I spoke with your Department some weeks ago regarding the administrative dissolution of this corporation and confirmed to you that the 1998 corporation annual report had never been received due to the fact that the address of the corporation changed shortly after your Department issued to it the authorization to transact business in the State of Florida in early 1997. Through inadvertence, your Department was not advised of the change of address. Your Department recently advised me that you would waive the reinstatement fee of \$600.00 due to the fact that the annual report form was never received by us. As you will note from the Application for Reinstatement, the principal place of business and mailing address has changed.

We appreciate your understanding of the circumstances that gave rise to the failure to file and would ask you to reinstate the corporation. Thank-you for your kind assistance.

Yours very truly,

Laurence C. Caroe

encl

/gf