

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -4 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084545

1. Corporation Name

S.A.M.T., INC.

Principal Place of Business

1517 SPINDRIFT CIR. W.
NEPTUNE BEACH FL 32266

Mailing Address

1517 SPINDRIFT CIR. W.
NEPTUNE BEACH FL 32266

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

5. FEI Number

59-3536358

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPTS	AITKEN, SUZANNE	1517 SPINDRIFT CIR. W.	NEPTUNE BEACH FL 32266
V	DAVIS, ROBERT D	1040 PONTE VEDRA BLVD.	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

AITKEN, SUZANNE
1517 SPINDRIFT CIR. W.
NEPTUNE BEACH FL 32266

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Suzanne Aitken
REGISTERED AGENT MUST SIGN

Date

10/14/99

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)(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:

Suzanne Aitken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

KE



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Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 14, 1999

Florida Dept. of State
Divisions of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: S.A.M.T., Inc. – 1999 Corp. Annual Report

Dear Sir or Madam:

Please find the attached 1999 Annual Report and Check for \$150.00. The above referenced Taxpayer never received their 1st or 2nd Notice of Filing. As soon as the Taxpayer received their Notice of Dissolution they brought it to our firm for completion. We are asking for assistance on acceptance of this report and waiver of any late filing penalties. Your prompt assistance to this matter is appreciated in advance.

Sincerely

A handwritten signature in black ink, appearing to be "J. Reese", written over the name "James K. Reese, EA".

James K. Reese, EA

Enclosures:
Numerous