

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000011051

1. Corporation Name

SAM'S EXPRESS MART CORP.

Principal Place of Business

Mailing Address

170 US HIGHWAY 17, SOUTH EAST
PALATKA FL 32177

170 US HIGHWAY 17, SOUTH EAST
PALATKA FL 32177



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.		02/04/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3555182	
Country		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ACHI, OSSAMA	170 US HIGHWAY 17, SOUTH EAST	PALATKA FL 32177
VD	ACHI, OSSAMA	170 US HIGHWAY 17, SOUTH EAST	PALATKA FL 32177
			100003677081--5 -02/13/01--01071--023 ****150.00 ****150.00
			100003677081--5 -02/13/01--01071--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

1/16/2000

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSTD

Date

1/16/2000

Daytime Phone #

CR2E040 (8/00)

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Sam's Express Mart, Corp.

*170 US Highway 17, South East
Palatka, Florida 32177*

December 5, 2000

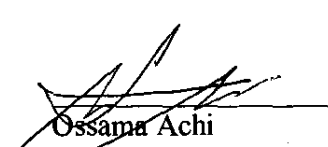
Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Katherine Harris

Per my phone conversation with your office, I stated that I have never received the original renewal form from the Division of Corporations. I have recently received a SECOND renewal form (red copy) stating that I failed to file my 2000 corporation annual renewal and as of September 22, 2000 you have dissolved it.

Because of the original document never reaching me, I do not feel I should have to pay the \$750.00 required for reinstatement. Per your request, I am asking you to please send me a revised form with the original fee of \$150.00.

Sincerely,


Ossama Achi