

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

01 JAN 12 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019775

1. Corporation Name
S.A.M 7 ENTERTAINMENT, INC.
15952 NW 48th Avenue
Hialeah, FL 33014

2. Principal Office Address
15952 NW 48 Avenue

3. Mailing Office Address
PO Box 492025

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ft. Lauderdale

City & State
Hialeah, FL 33014

City & State
Hialeah, Florida

Zip 33014 **Country** USA

Zip 33349 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 2/26/99

5. FEI Number 65-0909730

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
Swaby Morris

Street Address (P.O. Box Number is Not Acceptable)
15952 NW 48 Avenue

Suite, Apt. #, Etc.

City
Hialeah

State FL **Zip** 33014

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 *Swaby Morris*
REGISTERED AGENT MUST SIGN

Date 1-4-01

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
P	Swaby Morris	15952 NW 49 Avenue Hialeah, FL 33014 Officer/Director/Pres	Hialeah, FL 33014
V/P	Glen Brown	3520 NW 50 Avenue	Ft Lauderdale, FL 333 9

REINSTATEMENT 2006

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: *Swaby Morris* SWABY MORRIS

Date

Daytime Phone #

CR2E081 (9/99)