

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

00-01 UBE

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

FILED
 01 OCT -1 AM 10:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **999000032911**

1. Corporation Name
SAMC INC.

2. Principal Office Address 5 LANMAN ROAD		3. Mailing Office Address P.O. BOX 607	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NICEVILLE FL.		City & State NICEVILLE FL.	
Zip 32588	Country U.S.A. OKALOOSA	Zip 32588	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-3582496** 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 **ROBERT E. MCELROY SR.** **800004625738-4**

Street Address (P.O. Box Number is Not Acceptable) **5 LANMAN ROAD** **-10/08/01-01012-003**
*****300.005 ***300.00**

Suite, Apt. #, Etc.

City **NICEVILLE FLORIDA** State **FL** Zip Code **32588**

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 Date **9/24/01**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	ROBERT E. MCELROY SR.	5 LANMAN ROAD	NICEVILLE FLORIDA 32578
SECRETARY	PAUL MICHAEL ARGUELLES	P.O. BOX 548	NICEVILLE FLORIDA 32588
TREASURER			

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: **9/24/01** **850 678 9380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)