

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 NOV -6 PM 2:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S67268**

1. Corporation Name

SAMRAN FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O ART MART
 8120 ANDERSON ROAD
 TAMPA FL 33634-2318
 US

C/O ART MART
 8120 ANDERSON ROAD
 TAMPA FL 33634-2318
 US

REINSTATEMENT



500024489395
 11/06/03--01050--016 **1500.00

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

07/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3079748

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	SHERMAN, RANDALL M MR.	1728 CYPRESS CREEK ROAD	LUTZ FL 33559
DST	SHERMAN, DIANE L MRS.	1728 CYPRESS CREEK ROAD	LUTZ FL 33559

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINE, DENNIS J MR.
 215 W. VERN ST.
 STE D
 TAMPA FL 33606

Name
RANDALL SHERMAN
 Street Address (P.O. Box Number is Not Acceptable)
8120 ANDERSON RD
 Suite, Apt. #, Etc.

City
TAMPA State **FL** Zip Code **33634**

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/31/03

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Diane Sherman

Date 10/31/03 Daytime Phone # 813-884-5554

Date Daytime Phone #

CR2E040 (7/03)