

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -2 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060064

1. Entity Name  
SAMANTHA FOOD SERVICES, CORP.



Principal Place of Business  
5748 NW 113TH AVE  
MIAMI, FL 33178

Mailing Address  
15680 SW 106 LANE STE #806  
MIAMI, FL 33196

**REINSTATEMENT 04**



2. Principal Place of Business

7953 NW 114 PL.

3. Mailing Address

7953 NW 114 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11292004 REIN-P CR2E098 (6/04)

City & State

DORAL, FL

City & State

DORAL, FL.

4. FEI Number

02-0607729

Applied For

Not Applicable

Zip

33178

Country

MIAMI-DADE

Zip

33178

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, JORGE R  
5748 NW 113TH AVENUE  
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name JORGE R. DELGADO

Street Address (P.O. Box Number is Not Acceptable)  
7953 NW 114 PL

City DORAL

FL

Zip Code

33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/30/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DELGADO, JORGE R  
STREET ADDRESS 5748 SW 113TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JORGE R. DELGADO  
PRESIDENT

11/30/04