

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116195 1. Entity Name SWIPE N' GO CORPORATION						FILED 06 JUL 27 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1839 S DIXIE HWY POMPAHO BCH, FL 33060				Mailing Address 1839 S DIXIE HWY POMPAHO BCH, FL 33060			
2. Principal Place of Business 500 W CYPRESS CREEK RD		3. Mailing Address 500 W CYPRESS CREEK RD					
Suite, Apt. #, etc. 270		Suite, Apt. #, etc. 270		REINSTATEMENT 05-06 06262006 REIN-P CR2E098 (11405) WOP			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		4. FEI Number 20-1325027		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33309		Country		Zip 33309		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FEIDELMAN, STEPHEN M 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020-6701			
7. Name and Address of New Registered Agent Name SLOMINSKI, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 500 W CYPRESS CREEK RD, SUITE 270 City FORT LAUDERDALE FL Zip Code 33309				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 DATE 7-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOMINSKI, EDWARD P <input type="checkbox"/> Delete 1839 S DIXIE HWY POMPAHO BCH, FL 33060			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOMINSKI, EDWARD P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 W CYPRESS CREEK RD, SUITE 270 FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMATTINA, ROBERT <input type="checkbox"/> Delete 1839 S DIXIE HWY POMPAHO BCH, FL 33060			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMATTINA, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 W CYPRESS CREEK RD, SUITE 270 FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000784664201 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/08/06--01027--009 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edward P. SLOMINSKI 7-19-06 954-993-3334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Secretary - Director Date Daytime Phone # EXT 470							