

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000040742

1. Entity Name
MG BEACH STREET INVESTMENTS CO.



Principal Place of Business
200 BEACH ST
DAYTONA BCH, FL 32118

Mailing Address
721 SHELL BLVD SUITE 203C
FOSTER CITY, CA 94404

2. Principal Place of Business - No P.O. Box #

200 S. Beach st.

3. Mailing Address

721 Shell Blvd Apt 203C



10192007

REIN-P

CR2E098 (1/07)

Suite, Apt. #, etc.

Daytona Beach, FL 32118

Suite, Apt. #, etc.

203C

City & State

Daytona Beach

City & State

Foster City, CA, 94404

Zip

32118

Country

U.S.A

Zip

94404

Country

U.S.A

4. FEI Number

20-2502428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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 PSTD
NAME GENDI, MARIE
STREET ADDRESS 721 SHELL BLV
CITY-ST-ZIP FOSTER CITY, CA 94404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Gendi MARIE
NAME
STREET ADDRESS 721 Shell Blvd Apt 203C
CITY-ST-ZIP Foster City, CA, 94404 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/07