

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000152823	
1. Entity Name SAMANTHA E.G. CORP.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 3:02

REINSTATEMENT 06-07



Principal Place of Business 2005 SOUTHEAST 10TH AVENUE SUITE 408 FORT LAUDERDALE, FL 33316		Mailing Address 2005 SOUTHEAST 10TH AVENUE SUITE 408 FORT LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2237 NE 9th ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wilton manors, FL	
Zip	Country	Zip	Country
		33305	USA

01112007 REIN-P CR2E098 (1/07)

4. FEI Number 223918385	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR 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	
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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 Saman Goldstein 1/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PSTD GOLDSTEIN, SAMANTHA 2005 SOUTHEAST 10TH AVENUE, SUITE 408 FORT LAUDERDALE, FL 33316 <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	700086194657 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/25/07--01009--011 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700086194657 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/25/07--01009--012 **150.00
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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: Samanth Goldstein 1/9/07 (561) 289-9677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #