

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** F00000003409

1. Corporation Name

NABS INVESTMENTS INC.

2. Principal Office Address - No P.O. Box #

950 Lawrence Ave W

Suite, Apt. #, etc.

3. Mailing Office Address

950 Lawrence Ave W

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

M6A 1C4

Country

Canada

Zip

M6A 1C4

Country

Canada

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

5. FEI Number

98-0137945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent*Nicole Chaurinon*

Assistant Secretary

Date 5/6/2016

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR.	Brian Cowie	950 Lawrence Ave W	Toronto, ON M6A 1C4

REINSTATEMENT

MAY 10 2016

R. HUNT

10. E-mail Address: apoyatz@century.ca

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Brian Cowie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 4 2016 416-785-516

Daytime Phone #

5/10/2016 3:49:11 PM From: To: 8506176384(1/2)

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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**CORPORATION REINSTATEMENT
NABB INVESTMENTS, INC.**

Certificate of Status	0
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MAY 10 2016

R. HUNT