

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000004231

1 Entity Name
NRP INVESTMENTS CORP.



FILED

06 JUL 11 PM 1:00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5309 TRANSPORTATION BLVD 5309 TRANSPORTATION BLVD
CLEVELAND, OH 44125 CLEVELAND, OH 44125

2 Principal Place of Business 3 Mailing Address
Suite, Apt # etc Suite, Apt # etc

City & State City & State
Zip Country Zip Country

(F03000004231P)
RECEIVED
02172006 PREINP CR2E098 (6/04) 04-06

4 FEI Number 34-1899036 Applied For Not Applicable
5 Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6 Name and Address of Current Registered Agent
BAILEY, T. RICHARD
12250 BISCAYNE BLVD. STE.215
NORTH MIAMI, FL 33181

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]* DATE 6/7/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BAILEY, T. RICHARD 5309 TRANSPORTATION BLVD CLEVELAND, OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPS SCOTT, ALAN F 5309 TRANSPORTATION BLVD CLEVELAND, OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPT HELLER, J DAVID 5309 TRANSPORTATION BLVD CLEVELAND, OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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]* T. Richard Bailey, Jr. 06/07/06 216-475-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JUL 13 2006