

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010148

FILED
Oct 10, 2007
Secretary of State

Entity Name: NIRVANA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

703 NE 63RD ST
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

703 NE 63RD ST
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 34-2014466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, MICHAEL STD
3110 NE 2ND AVE
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CUTRIGHT, BRUCE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PFEIFFER, DAN PRES
Address: 703 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

Title: VPD () Delete
Name: KEVIN, MORRIS VPRES
Address: 703 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

Title: STD () Delete
Name: SAMUEL, MICHAEL SECTRES
Address: 703 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUTRIGHT, BRUCE PRES
Address: 703 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CUTRIGHT, BRUCE

PD

10/10/2007

Electronic Signature of Signing Officer or Director

Date