


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 DEC 13 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045248	
1. Entity Name NADIA & REEM INC.	

Principal Place of Business 3401 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711	Mailing Address 3401 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711
2. Principal Place of Business 3401 5TH AVE S. St. Petersburg, FL 33711	3. Mailing Address 3401 5TH AVE S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



11282005 REIN-P CR2E098 (6/04)

City & State St. Petersburg	City & State St. Pete.	4. FEI Number 59-3644849	Applied For Not Applicable
Zip 33711	Country USA	Zip 33711	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent MADDAH, WALID 3401 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711		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:  DATE: 12-10-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDAH, WALID 3401 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711 President. <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	D CORTIULA, BRUNA 3401 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061911046 12/05/05--01052--001 **750.00 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

K. Eskel DEC 14 2005

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 the empowered.

SIGNATURE:  DATE: 12-01-05 321-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALID MADDAH President