

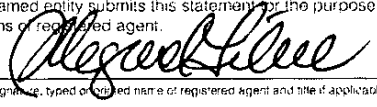
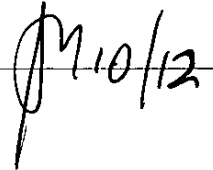
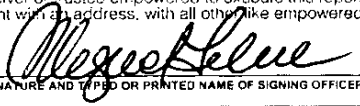


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000089373</b> 1. Entity Name GADIR REAL ESTATE INVESTMENTS INC.						FILED 07 OCT 10 AM 8:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 260 CRANDON BLVD. STE. B-48 KEY BISCAYNE, FL 33149			Mailing Address 260 CRANDON BLVD. STE. B-48 KEY BISCAYNE, FL 33149			 <b>REINSTATEMENT</b> (1/07) 07 0917/07	
2. Principal Place of Business - No P.O. Box # 200 Crandon Blvd. Suite, Apt. #, etc. 311		3. Mailing Address 200 Crandon Blvd. Suite, Apt. #, etc. 311		4. FEI Number 76-0709924			
City & State Key Biscayne, FL Zip 33149 Country USA		City & State Key Biscayne FL Zip 33149 Country USA					
6. Name and Address of Current Registered Agent SALAZAR, LISETTE PIE P.A. 260 CRANDON BLVD. STE. B-48 KEY BISCAYNE, FL 33149				7. Name and Address of New Registered Agent Name Lisette Pie Salazar, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 Crandon Blvd. Suite 311 City Key Biscayne FL Zip Code 33149			
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: 9/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LILU, HAYAT NJAIM C/O 260 CRANDON BLVD, #48 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Crandon Blvd., Suite 311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NJAIM, CATHERINE L C/O 260 CRANDON BLVD, #48 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Crandon Blvd., Suite 311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSEN, MIGUEL LILU C/O 260 CRANDON BLVD, #48 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Crandon Blvd., Suite 311	<input checked="" 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	800110605266 10/10/07--01051--013 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 				Date: 9/17/07		License #/Name #: 305-3614661	