

2005 FOR PROFIT CORPORATION REINSTATEMENT

10/22/04 - 01040-
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020-150

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03172005 REIN-P CR2E098 (6/04) 04-05

DOCUMENT # P03000017820			
1. Entity Name MOREMI REAL ESTATE INVESTMENTS CORP.			
Principal Place of Business 3800 INVERRARY BLVD. SUITE 100-E FT LAUDERDALE, FL 33319 US		Mailing Address 3800 INVERRARY BLVD. SUITE 100-E FT LAUDERDALE, FL 33319 US	
2. Principal Place of Business 131 ANGELO RD Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 100058 Suite, Apt. #, etc.	
City & State PALM BAY, FL		City & State Palm Bay, FL	
Zip 32908	Country USA	Zip 32910	Country USA
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOEL 7927 HIBISCUS CIRCLE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name YOMI SALU Street Address (P.O. Box Number is Not Acceptable) 131 ANGELO RD City PALM BAY FL Zip Code 32908	
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 3/16/05	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALU, YOMI 3800 INVERRARY BLVD., SUITE 100-E FT LAUDERDALE, FL 33319 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEVERLY SALU ☐ Delete 131 ANGELO RD, PALM BAY, FL 32908 President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SHARI SALU ☐ Delete 131 ANGELO RD, PALM BAY, FL 32908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800050751998 04/14/05--01018--008 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer KAFAYAT HUSAINI ☐ Delete 404 Kentucky AVE SE Washington DC 20003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:		DATE 3/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	