

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000067236

1. Entity Name
NYB IMANI INVESTMENTS, INC.



FILED

06 MAY -5 AM 11:42

FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
10521 CHEMSTRAND RD.
PENSACOLA, FL 32534

Mailing Address
10521 CHEMSTRAND RD.
PENSACOLA, FL 32534

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7008
Suite, Apt. #, etc.

City & State
PENSACOLA, FL.

Zip
32534

Country
ESCAMBIA



REINSTATEMENT
05/06

6. Name and Address of Current Registered Agent
BROOKS, BRIGETTE G
10521 CHEMSTRAND RD.
PENSACOLA, FL 32534

4. FEI Number
20-1683104

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 4/6/2006

(NOTE: Registered Agent signature required when reinstating)

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	PD BROOKS, BRIGETTE G 10521 CHEMSTRAND RD. PENSACOLA, FL 32534 <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	STD BROOKS, LARRY 10521 CHEMSTRAND RD. PENSACOLA, FL 32534 <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	<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

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: *[Signature]* BRIGETTE G. BROOKS-TUSIGAN 3/6/06 850-291-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #