

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000000888

Entity Name: MSNP INVESTMENTS, INC.

**FILED**  
**Nov 21, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

7980 PLANTATION LAKE DR  
PORT ST JOE, FL 34986

**New Principal Place of Business:**

7980 PLANTATION LAKE DRIVE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

7980 PLANTATION LAKE DR  
PORT ST JOE, FL 34986

**New Mailing Address:**

7980 PLANTATION LAKE DR  
PORT ST LUCIE, FL 34986

FEI Number: 20-2094414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

CHALASANI, MYDHILI D  
7980 PLANTATION LAKE DR  
PORT ST. LUCIE, FL 34986 US

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: MYDHILI CHALASANI

11/21/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHALASANI, MYDHILI  
Address: 7980 PLANTATION LAKE DR  
City-St-Zip: PORT ST JOE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHALASANI, MYDHILI  
Address: 7980 PLANTATION LAKE DR  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYDHILI CHALASANI

D

11/21/2006

Electronic Signature of Signing Officer or Director

Date