

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 SEP 21 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09192006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000047218		
1. Entity Name INVERSAT INVESTMENT CORP.		

Principal Place of Business 135 GABLE BLVD WESTON, FL 33326 US	Mailing Address 135 GABLE BLVD WESTON, FL 33326 US
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2. Principal Place of Business	3. Mailing Address 4445 W. 16th Ave. 406
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State MIAMI, FL.	4. FEI Number 20-2596415	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 33012	Country MIAMI-DADE

6. Name and Address of Current Registered Agent KABA CONSULTING INC 205 W WASHINGTON ST SUITE C MINNEOLA, FL 34715		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$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 ANGARITA, LUIS F CARRERA 1RA ESTE, NUMERO 7498 APT 203 BOGOTA, CO 000000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100080096851 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/22/06--01059--001 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANGARITA, MARTHA L CARRERA 1RA ESTE, NUMERO 7498 APT 203 BOGOTA, CO 000000 <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	O BLANCO, GUSTAVO 135 GABLE BLVD WESTON, FL 33326 <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
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
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] 9/19/06 (305) 828-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

209/22