## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000166824

Entity Name: THE SANON INVESTMENT

SANON, JEAN DELINCE

1105 ALABAMA AVENUE

FT. LAUDERDALE, FL 33312

Name:

Address: City-St-Zip: FILED Oct 17, 2008 Secretary of State

Entity Name: THE SANON INVESTMENT INC. **Current Principal Place of Business: New Principal Place of Business:** 1200 N FEDERAL HWY STE 200 BOCA RATON, FL 33432 **New Mailing Address: Current Mailing Address:** 1200 N FEDERAL HWY 429 LENOX AVENUE STE 200 R-408 BOCA RATON, FL 33432 MIAMI BEACH, FL 33139 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANON, EMMANUEL 1105 ALABAMA AVE FORT-LAUDERDALE, FL 33312 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: SANON EMMANUEL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SANON, EMMANUEL Name: Name: 1200 N. FEDERAL HWY, SUITE 200 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ESTHER, JOHN WILLIAM Name: 2856 TENNIS CLUB DR, APT 104 Address: Address: WEST PALM BEACH, FL 33417 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SANON EMMANUEL P 10/17/2008