2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# P06000153515

Entity Name: NII'S MARKETING, MANAGEMENT AND INVESTMENT SERVICES INC.

Current Principal Place of Business:

4205 KNOXVILLE AVENUE
COCOA, FL 329263762

New Principal Place of Business:

4205 KNOXVILLE AVENUE
COCOA, FL 32926 US

Current Mailing Address:

4205 KNOXVILLE AVENUE
COCOA, FL 329263762

New Mailing Address:

4205 KNOXVILLE AVENUE
COCOA, FL 32926 US

FEI Number: 84-1722416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ASHIE, NIIKOTEY
4205 KNOXVILLE AVENUE
COCOA, FL 329263762 US

Name and Address of New Registered Agent:

ASHIE, NIIKOTEY
4205 KNOXVILLE AVENUE
COCOA, FL 329263 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: NIIKOTEY EBO ASHIE 11/10/2008
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: P ( ) Delete
Name: ASHIE, FRANCIS A
Address: 4205 KNOXVILLE AVENUE
City-St-Zip: COCOA, FL 329263762

Title: DCEO (X) Delete
Name: ASHIE, NIIKOTEY
Address: 4205 KNOXVILLE AVENUE
City-St-Zip: COCOA, FL 329263762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ASHIE, NIIKOTEY E
Address: 4205 KNOXVILLE AVENUE
City-St-Zip: COCOA, FL 32926 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NIIKOTEY EBO ASHIE MR 11/10/2008
Electronic Signature of Signing Officer or Director Date