2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000157141

WALZER, MARK B

9208 NW 73RD ST

TAMARAC, FL 33321

Name:

Address:

City-St-Zip:

Entity Name: NATIONWIDE REALTY & INVESTMENTS, INC

FILED Dec 03, 2007 Secretary of State

Entity Na	me: NATION	WIDE REALTY & INVESTME	NTS, INC.		
Current Principal Place of Business:			New Princi	New Principal Place of Business:	
14015 NW 19TH AVE OPALOCKA, FL 33054				2800 GLADES CIRCLE STE 108 WESTON, FL 33327	
Current Mailing Address:			New Mailin	New Mailing Address:	
	RIVERLAND , FL 33326	DR			
FEI Number	: 20-8131257	FEI Number Applied For()	FEI Number Not Applic	eable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:	
183 EAST	R-OLIVIER, CA RIVERLAND , FL 33326				
	e named entity e of Florida.	submits this statement for the	purpose of changing its	s registered office or registered agent, or both,	
SIGNATU	RE: CARLIN	E MERISIER-OLIVIER			
	Electro	onic Signature of Registered A	gent	Date	
		93(2)(b), F.S., the corporation diding Trust Fund Contribution ().	not receive the prior notice.		
	S AND DIRE	•	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (OLIVIER, DEX 183 EAST RIV WESTON, FL	ERLAND DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GOWDY-BEN 3588 NW 35T) Delete T, PAULINE M H ST E LAKES, FL 33309	Name: Address:	DIR (X) Change () Addition SMITH, CHARLES 3307 NW 29TH AVENUE BOCA RATON, FL 33434	
Title:	DIR (X) Delete	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: CARLINE MERISIER-OLIVIER CEO 12/03/2007