2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000093242

City-St-Zip: HOLLYWOOD, FL 33021

Entity Name: N.R.I. INVESTMENTS INC.

FILED Oct 26, 2009 Secretary of State

Entity Nar	me: N.K.I. IN	/ESTMENTS INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
429 SOUTH 60TH AVENUE HOLLYWOOD, FL 33021				3206 SW 47 AVE 429 SOUTH 60TH AVENUE WEST PARK HOLLYWOOD, FL 33023	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
429 SOUTH 60TH AVENUE HOLLYWOOD, FL 33021			3206 SW 47 AVE WEST PARK, FL 330:	3206 SW 47 AVE WEST PARK, FL 33023	
FEI Number:	: 26-3629548	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1840 SOU MIAMI, FL	33145 US	D STREET, 4TH FLOOR			
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ELSIE SA	ANCHEZ			
	Electron	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (RAMLAL, FRAM 429 SOUTH 60 HOLLYWOOD,	TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD (RAMLAL, SUM 429 SOUTH 60		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: DIANNE RAMLAL PD 10/26/2009