


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 31 PM 1:24

DOCUMENT # P94000052941			
1. Entity Name <b>NANNAT INVESTMENTS, INC.</b>			
Principal Place of Business 10155 COLLINS AVE, 601 BAL HARBOUR, FL		Mailing Address <del>10155 COLLINS AVE</del> <del>#601</del> BAL HARBOUR, FL 33154	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>12700 SW 117TH ST RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DUNNEALON, FLORIDA</b>		4. FEI Number <b>65-0509419</b>	
Zip <b>34432</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOUSKELA, TANIA</b> <b>10155 COLLINS AVE, 601</b> <b>BAL HARBOUR, FL 33154</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		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	DPST BOUSKELA, TANIA 10155 COLLINS AVE., #601 BAL HARBOUR, FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800112388238 11/16/07--01055--009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 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 to this report, with all other like empowered.			
SIGNATURE: <b>TANIA BOUSKELA</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>PRESIDENT</b> Date: 10/29/07 Daytime Phone: 305-864-4666	