

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 18 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010820

1. Corporation Name

HOLAF, INC.

2. Principal Office Address

5937 Ravenswood Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Bldg H - # 18 & 19

Suite, Apt. #, etc.

City & State

Dania, FL

City & State

Zip

33312

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2001

5. FEI Number

65-1079692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

LEONEL HARARI

Street Address (P.O. Box Number is Not Acceptable)

5323 S.W. 32nd Terrace

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33312

600072779106

04/28/06--01028--015 ***1090.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Leonel Harari

REGISTERED AGENT MUST SIGN

Date April 14, 2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Leonel Harari	5323 S.W. 32nd Terrace	Hollywood, FL 33312
D	Marilyn Ouahnoun	5323 S.W. 32nd Terrace	Hollywood, FL 33312

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Leonel Harari

Leonel Harari

04/14/2006

954-987-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel APR 18 2006