

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000022943

Entity Name: MHA CONSTRUCTION INC.

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

24319 TWIN LAKE DR
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

24319 TWIN LAKE DR
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 20-1865543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVI, MUSTAFA A
24319 TWIN LAKE DR
LAND O' LAKES, FL 34639 US

Name and Address of New Registered Agent:

ALVI, MUSTAFA A PD
24319 TWIN LAKE DR
LAND O' LAKES, FL 34639 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: MUSTAFA ALVI

03/01/2007

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: PD () Delete
Name: ALVI, MUSTAFA
Address: 24319 TWIN LAKE DR
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVI, MUSTAFA A PD
Address: 24319 TWIN LAKE DR
City-St-Zip: LAND O' LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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: MUSTAFA ALVI

PD

03/01/2007

Electronic Signature of Signing Officer or Director

Date