

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 13 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 06



12122006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000038799 1. Entity Name HARNET INVESTMENTS, INC.					
Principal Place of Business 4101 SW 102 AVE MIAMI, FL 33165			Mailing Address 4101 SW 102 AVE MIAMI, FL 33165		
2. Principal Place of Business 19961 SW 129 AVE Suite, Apt. #, etc.		3. Mailing Address 19961 SW 129 AVE Suite, Apt. #, etc.			
City & State MIAMI, FL Zip 33177 Country US		City & State MIAMI, FL Zip 33177 Country US		4. FEI Number 20-0806886	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent IGLESIAS, LAZARO 4101 SW 102 AVE MIAMI, FL 33165			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 _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			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 D <input type="checkbox"/> Delete NAME IGLESIAS, LAZARO STREET ADDRESS 4101 SW 102 AVE CITY-ST-ZIP MIAMI, FL 33165			TITLE 9000826342000 <input type="checkbox"/> Addition NAME 12/19/06--01018--008 **150.00 STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					