

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 13 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 06



DOCUMENT # P04000038799 1. Entity Name HARNET INVESTMENTS, INC.		
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Principal Place of Business 4101 SW 102 AVE MIAMI, FL 33165	Mailing Address 4101 SW 102 AVE MIAMI, FL 33165
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2. Principal Place of Business 19961 SW 129 AVE <small>Suite, Apt. #, etc.</small>	3. Mailing Address 19961 SW 129 AVE <small>Suite, Apt. # etc.</small>
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 20-0806886	Applied For <input type="checkbox"/> Not Applicable
Zip 33177	Country US	Zip 33177	Country US

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
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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 IGLESIAS, LAZARO	<input type="checkbox"/> Delete	TITLE	9000826342009 12/13/06--01018--008 **150.00	<input type="checkbox"/> Addition
STREET ADDRESS	4101 SW 102 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #: _____