


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # F03000005401 1. Entity Name HAYRTON BUSINESS CORP. | |  | FILED 05 AUG 16 PM 1:22 SEC. OF STATE TALLAHASSEE, FL 32399 |
| Principal Place of Business 1925 BRICKELL AVE., SUITE D206 MIAMI, FL 33129 | | Mailing Address 1925 BRICKELL AVE., SUITE D206 MIAMI, FL 33129 | |
| 2. Principal Place of Business 233 PALM Ave. Suite, Apt. #, etc. | | 3. Mailing Address 233 PALM Ave. Suite, Apt. #, etc. | |
| City & State Miami Beach FL Zip 33139 | | City & State Miami Beach Zip 33139 | |
| Country USA | | Country USA | |
| 4. FEI Number 98-0162347 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 1925 BRICKELL AVE., SUITE D206 MIAMI, FL 33129 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 233 PALM Ave. City Miami Beach FL Zip Code 33139 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP | DP HECTOR RAMOS DE LEON TORRE BANCO DESDNER, PISO 9, CALLE 50 PANAMA, REPUBLIC OF PANAMA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MUNOZ, ISMAEL TORRE BANCO DESDNER, PISO 9, CALLE 50 PANAMA, REPUBLIC OF PANAMA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST DAYANA DEAN DE GRANADA TORRE BANCO DESDNER, PISO 9, CALLE 50 PANAMA, REPUBLIC OF PANAMA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Hector P. de Leon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 8-17-05 305-854-6363 <small>Date Daytime Phone #</small> | |