


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000119262					
1. Entity Name H.A. INVESTMENTS, LLC					
Principal Place of Business 11401 PINES BOULEVARD 270 PEMBROKE PINES, FL 33026			Mailing Address 11401 PINES BOULEVARD 270 PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8735232	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMINOV, ALBERT 11401 PINES BOULEVARD 270 PEMBROKE PINES, FL 33026			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: <u><i>Albert Haminov</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAMINOV, ALBERT 11401 PINES BOULEVARD, #270 PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900110182579 10/02/07--01038--022 **50.00	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Albert Haminov</i></u>			Date: <u>9-27-07</u> Daytime Phone #: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					