05-01-'07 09:37 FROM- 9547531123 T-297 P001/002 F-220

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L99563

1. Entity Name
HAINES & BROWN, INC.

FILED
07 JUL -2 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
100 S. BISCAYNE BLVD. SUITE 1015 MIAMI, FL 33131	100 S. BISCAYNE BLVD SUITE 1015 MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0216300 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B ESQ
3300 UNIVERSITY DRIVE, SUITE 711
POMPANO BEACH, FL 33065

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	VPS ☐ Delete
NAME	BROWN, DOUGLAS R.
STREET ADDRESS	~~17021 N. BAY RD. #408~~ 3300 University Drive Suite 711
CITY-ST-ZIP	~~N. MIAMI BEACH, FL~~ Pompano Beach, FL 33065
TITLE	PCT ☐ Delete
NAME	HAINES, WILLIAM
STREET ADDRESS	~~4007 COCO PLUM CIR~~ 3300 University Drive Suite 711
CITY-ST-ZIP	~~COCONUT CREEK, FL~~ Pompano Beach, FL 33065
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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07/06/07--01030--013 **308.75

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: William Haines 6/28/07 305-416-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #