PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -5 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008619

1. Corporation Name
Haman Beings Helping Haman Beings, Inc

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
Cornwall Street	Cornwall Street
Suite, Apt. #, etc. Building A, Suite 4015	Suite, Apt. #, etc. Building A, Suite 4015
City & State Boca Raton, FL	City & State BocaRaton, FL
Zip 33434 County USA	Zip 33434 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/2003

5. FEI Number 74-3079955 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Beth Ann Gould
Street Address (P.O. Box Number is Not Acceptable): Cornwall Street
Suite, Apt. #, Etc.: Building A, Suite 4015
City: Boca Raton
State: FL Zip Code: 33434

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Beth A Gould Beth A Gould Attorney-At-Law Date: 3/23/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Beth Ann Gould	Cornwall Street Bldg A-Suite 4015	Boca Raton, FL 33434
P/VP	Lauren J Weiss	357 St Vincent	Irvine, CA 92618
P/T	Scott H Weiss	350 Barrick Hill Rd.	Richfield, Ct 06877

200070800452
04/10/06 01036--022 **358.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exception contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Beth A Gould Beth A Gould Attorney-At-Law 3/23/06 561-558-9859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #