

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

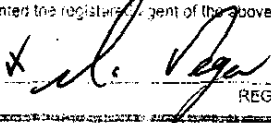
10/2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		04 OCT -7 AM 11:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000004234				
1. Corporation Name H.A.V. INVESTMENTS, CORP.				
2. Principal Office Address 4113 SW 174 PATH		3. Mailing Office Address 4113 SW 174 PATH		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI, FL		City & State MIAMI, FL		
Zip 33185	Country USA	Zip 33185	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 1/13/2000		
		5. FEI Number 65-0973464		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED ☐ 75 Additional Fee required for a Certificate of Status		

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent	
Name MARCOS A. VEGA	
Street Address (P.O. Box Number is Not Acceptable) 4113 SW 174 PATH	
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33185

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 AgentDate **10/1/04**

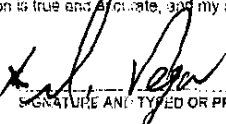
REGISTERED AGENT MUST SIGN

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
D	MARCOS A. VEGA	2222 NW 4 TER	MIAMI FL 33125

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 exemption under section 119.07(3)(f), 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:

**MARCOS A. VEGA****10/1/04**

Date

(305)**525-7470**

Daytime Phone #

M.A.V. SHUTTERS, CORP.
4113 SW 154 PATH
MIAMI, FLORIDA 33185

FILED

04 OCT -7 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami, September 30, 2004

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, 2003 and May 1st, 2004, because during year 2003 and 2004 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail. I will appreciate very much if you received and accept our check in the amount of \$ 300.00 as payment of the Corporation Uniform Business Report for year 2003 and 2004.

I appreciate your help to resolve this matter.

Sincerely your:



Marcos A. Vega
President