PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # \$0000013699 1. Corporation Name Halian Mports, Inc.	REINS	PORATION STATEMENT	DIVISION OF	RTMENT OF S iry of State corporations	STATE	(OG BEC	ILED 28 M 9 58 TARY OF STATE IASSEE, FLORIDA		
2400 E. Lax Olax Blv2 2400 E. Lax Olas Blv2. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 12/12/2000 City & State Ft. Lander dult, Ft. Zip 33301 Country Zip 33301 Country To Name and Address of Current Registered Agent Name Applied For Not Applicable 7. Name and Address of Current Registered Agent Name Applied For Not Applicable Size In June 2944445 Old 1/03/07010082944445 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Coc City Ft. Lander dult REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Addresses of Each Officer and/or Directors Street Addresses of Each Officer and/or Directors City / State / Zip Code State / Zip Code 33304 12-22-06 City / State / Zip Code REGISTERED AGENT MUST SIGN Street Addresses of Each Officer and/or Directors City / State / Zip	1. Corporat	talian Impo	rts, Inc			Ā	ă[LA!	ASSEC, LOWE		
City & State Ft. Law derdele, Ft. City & State Applied For Not Applicable Country Count	2400 E. Las Olas Blvd 2400 E. Las Olas Blvd. Suite, Apt. #, etc.						REINS 192509 192705 MPC 192705 1925 1925 1925 1925 1925 1925 1925 192			
7. Name and Address of Current Registered Agent Name Stephen V. Hoffman, Esg. 01/03/07010082944445 Street Address (P.O. Box Number is Not Acceptable) Soo N. Federal Highway Suite, Apt. #, Etc. 200 City Ft. Lauder date 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 Registered Agent Date IZ- 22-06 REGISTERED AGENT MUST SIGN 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	Ft. La	Country	City & State H. Lawde	rdele, 1	F	5. FEI Number		4	Applied For Not Applicable	
Name Grephen V. Hoffman, Esq. 01/03/07-010082944445 Street Address (P.O. Box Number is Not Acceptable) Soo N. Federal Highway Suite, Apt. #, Etc. 200 City Ft. Lauderdale 8. 1, 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 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 Officers and/or Directors Street Address of Each Officer and/or Directors City / State / Zip	353	OI USA	33301	US	A		OF STATU			
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Titles Name of Street Address of Each Officers and /or Directors Officer and /or Director City / State / Zip	8. 1, 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									
Officers and/or Directors Officer and/or Director City / State / ZIP	Name of Street Address of Each									
5,D Joseph Mirabile 2400 E. Las Olas Blud. 415 Ft. Land., to 33301	Titles	Officers and/or Directors Officer and/or Director				•	<i>E</i> L		3330/	
5,D Joseph Mirabile 2400 E. Lax Olax Blud. 415 Ft. Land., Fr. 33301	7,0	Zachang Finn	240	o E. Las	Olas	Blvd. 162	. 17	· · · · · ·	7 7 7 7 7 7	
	5,17	Joseph Mirabi	1e 2400	e. lux	Olay B	1 vd. 415	Ft.	land. Fr	33301	
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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 filling 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 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.	this rei	nstatement application, the reason for dis by the corporation have been paid and the	solution has been etiminat names of individuals liste	ed, the corporate na d on this form do no	ame satisfies at qualify for	s the requirements an exemption con	of section	: 607.0401 or 617.0401, F.S.,	that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #	SIGNA	TURE:	RINTED NAME OF SIGNING	OFFICER OR DIRECT	OR	12,	/22/ Date	Daytime Phone	» #	