

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 28 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000079255**

1. Corporation Name

**H & A Investors Inc.**

2. Principal Office Address

3. Mailing Office Address

**2850 Douglas Rd**

**same as #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Penthouse**

City & State

City & State

**Coral Gables, FL**

Zip

Country

Zip

Country

**33134 USA**

100010975411  
01/28/03 - 01/02/04 \*\*\$00.00  
**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified To Do Business in Florida

**8/13/2001**

5. FEI Number

**65-1131628**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Hector Hernandez**

Street Address (P.O. Box Number is Not Acceptable)

**2850 Douglas Road**

Suite, Apt. #, Etc.

**Penthouse**

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**1/14/03**

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
PD	Hector Hernandez	2850 Douglas Rd.	Coral Gables, FL 33134
VP	Andres Perez	2850 Douglas Rd.	Coral Gables, FL 33134

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)(i), 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03 7865521010**  
Date Daytime Phone #

CR2E081 (10/02)

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