PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
	PORATION TATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 JUL 21 PM 1: 35 SEGREDAN OF STATE
DOCUMENT # P0300019346 1. Corporation Name			SEGRETANT OF STATE TALLAHASSEE, FLORIDA
Ha	lina Invest	ment, Inc	400133224964 07/21/0801053020 **750.00
2. Principal C	<u> </u>	3. Mailing Office Address Sance 100 W. O. Vland Park Suite, Apt. #, etc. Biva.	REINSTATEMENT
	•	Bay #5	4. Date Incorporated or Qualified To Do Business in Florida 2/18/2003
City & State		City & State Hialeah Gardens	F. FEI Number Applied For
Hiala	eabloardens, FL	totton Manors LC	37-141-3963 Not Applicable
Zip	Country	Zip 33016 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
330		333H U.S.	for a Certificate of Status
7. Name and Address of Current Registered Agent			
Mohamad Sari			The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)			the prior notices. By checking this box, you
Suite, Apt. #, Etc.			are certifying the prior notices were not received and requesting the reinstatement
36	4#5	fee be waived.	
City	Iton Manor	1 .	
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 Agent 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 Ea Officer and/or Direct	
D	Mohamad S	eri 7893 NW 98.	Street Higheah Gardons, FL33016 Street Higheah Gardons, FL33016 Street Higheah Gardons, FL33016
D	Halina Sar	- 7893 NW98	Street Higheah Gardens F1 3316
	Jasem Sar	7893 NW98	Street Hicheah Gardons Fr 3216
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 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: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destruction			