


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P03000096229</b>                    |  |  |
| 1. Entity Name<br><b>H.A.R. PROPERTIES, CORP.</b> |  |   |

FILED

05 NOV 15 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11022005 REIN-P CR2E098 (6/04)

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br><b>218 NW 7 AVE<br/>DANIA BCH, FL 33004</b> |         | Mailing Address<br><b>218 NW 7 AVE<br/>DANIA BCH, FL 33004</b> |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>14-1893391</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ROLLE, H. ANTHONY<br/>218 NW 7 AVE<br/>DANIA BCH, FL 33004</b> |  | 7. Name and Address of New Registered Agent        |  |
|  |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | FL Zip Code  |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2006, Fee will be \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

|                            |                     |                                 |  |   |                        |  |  |
|----------------------------|---------------------|---------------------------------|--|---|------------------------|--|--|
| 10. OFFICERS AND DIRECTORS |                     |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                        |  |  |
| TITLE                      | DP                  | <input type="checkbox"/> Delete |  | TITLE   | Secretary              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | ROLLE, H ANTHONY    |                                 |  | NAME  | Latisha Saunders       |  |  |
| STREET ADDRESS             | 218 NW 7 AVE        |                                 |  | STREET ADDRESS  | 9965 Miramar Pkwy #261 |  |  |
| CITY-ST-ZIP                | DANIA BCH, FL 33004 |                                 |  | CITY-ST-ZIP   | Mir, FL 33025          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE                      | D                   | <input type="checkbox"/> Delete |  | TITLE   | Treasure               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | ROLLE, ANTHONY D    |                                 |  | NAME  | Laverne Saunders       |  |  |
| STREET ADDRESS             | 217 NW 7 AVE        |                                 |  | STREET ADDRESS  | 9965 Miramar Pkwy #261 |  |  |
| CITY-ST-ZIP                | DANIA BCH, FL 33004 |                                 |  | CITY-ST-ZIP   | Mir, FL 33025          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | NAME  |                        |  |  |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                        |  |  |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                        |  |  |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | NAME  |                        |  |  |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                        |  |  |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                        |  |  |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | NAME  |                        |  |  |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                        |  |  |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                        |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: Harry Anthony Rolle 11/02/05 1-561-767-7328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #