2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# P04000055171

Entity Name: PHA LEISURE, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD STE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

5702 HILLSBOROUGH BLVD
NORTHPORT, FL 34288

Current Mailing Address:

4000 PONCE DE LEON BLVD STE 470
CORAL GABLES, FL 33146

New Mailing Address:

PO BOX 2025
VENICE, FL 34285

FEI Number: 73-1719346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, PETER
4000 PONCE DE LEON BLVD STE 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

HARRIS, PETER
5702 HILLSBOROUGH BLVD
NORTHPORT, FL 34288 US

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.

SIGNATURE: PETER HARRIS 06/26/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HARRIS, PETER R
Address: 4000 PONCE DE LEON BLVD STE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: DV ( ) Delete
Name: HARRIS, VALERIE A
Address: 4000 PONCE DE LEON BLVD STE 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HARRIS, PETER R
Address: PO BOX 2025
City-St-Zip: VENICE, FL 34285

Title: DV (X) Change ( ) Addition
Name: HARRIS, VALERIE A
Address: PO BOX 2025
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HARRIS DP 06/26/2006
Electronic Signature of Signing Officer or Director Date