2007 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MENT # P040007.9 HT A'S, INC.			FIL	ED (
Principal Place of Business Mailing Address 300 CAROLINA AVENUE 300 CAROLINA AVE FT. LAUDERDALE, FL 33312 US FT. LAUDERDALE, f					2007 OCT 25 SECRETARY			
		Suite, Apt, #, etc.	2461 7W SGT AVENUE		REIN-P	CR2E098 (1/07)		
LAWERITEU, FL		City & State LAUDERHILL, FL		4. FEI Numbe 20-110		- 1	plied For Applicable	
3331 <u>3</u>	3 Country 3 U.S.A	Country Zip Country		5. Certificate	Certificate of Status Desired			
Name					Address of New Re	distaled Whelit		
ANDERSON, RICKY 300 CAROLINA AVENUE Strept Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33312								
			2 Aus	ERHILL		FL Zin Code	3/3	
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 princip name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), corporation did not receive the prior								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTORS	IN 11	
TITLE	P P P P P P P P P P P P P P P P P P P	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, RICKY 300 CAROLINA AVENUE FT. LAUDERDALE, FL 33312			461 NW S AWGRHIU,		#106		
TITLE		☐ Delete	TIFLE			☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.								
SIGNATURE: Date OF FIGHTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Distance From a								