

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000082117</b> 1. Entity Name <b>HAE RAM, INC.</b>						<b>FILED</b> <b>06 JAN 24 AM 11:47</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>10200 N. ARMENIA AVE.</b> <b>2501</b> <b>TAMPA, FL 33612</b>				Mailing Address <b>10200 N. ARMENIA</b> <b>2501</b> <b>TAMPA, FL 33612</b>			
2. Principal Place of Business <b>2121 US Hwy 98 North</b> Suite, Apt. #, etc.				3. Mailing Address <b>2121 US Hwy 98 North</b> Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>20-11-59764</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33805</b>		Country <b>Polk</b>		Zip <b>33805</b>		Country <b>Polk</b>	
6. Name and Address of Current Registered Agent <b>PATEL, KAMLESH H</b> <b>1211 N. WESTSHORE BLVD.</b> <b>SUITE 104</b> <b>TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name <b>Mukeshkumar M. Patel</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 US Hwy 98 North</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33805</b>			
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 <u><i>Patel M.M.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE <u>01/17/06</u>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>PTD</b> <input type="checkbox"/> Delete NAME <b>PATEL, MUKESHKUMAR M</b> STREET ADDRESS <b>10200 N. ARMENIA AVE, APT#2501</b> CITY-ST-ZIP <b>TAMPA, FL 33612</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Ramesh Patel</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>5025 Elon Crestant</b> CITY-ST-ZIP <b>Lakeland, FL 33810</b>			
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete NAME <b>PATEL, JAGRUTI M</b> STREET ADDRESS <b>10200 N. ARMENIA AVE, APT#2501</b> CITY-ST-ZIP <b>TAMPA, FL 33612</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>8000655565368</b> STREET ADDRESS <b>02/10/06-01015-009 **\$8.75</b> CITY-ST-ZIP <b>02/10/06-01015-010 **\$900.00</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 all other like empowered.							
SIGNATURE: <u><i>Patel M.M.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>Mukeshkumar M. Patel</b> Date <u>01/17/06</u> Daytime Phone # <u>863-683-7731</u>			