

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104341

1. Entity Name
HALEIDA22 CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 PM 3:32

Principal Place of Business
144 NE 1ST ST. SUITE #112
MIAMI, FL 33132

Mailing Address
144 NE 1ST ST. SUITE #112
MIAMI, FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12152005

REIN-P

CR2E098 (6/04)

4. FEI Number

342004211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, EVELYN
305 NE 1ST STE 772
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name Carlos Duarte

Street Address (P.O. Box Number is Not Acceptable)

144 NE 1 STREET 112

City MIAMI, FL

FL

Zip Code 33132

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 and read name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NUMBER FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DUARTE, EVELYN
STREET ADDRESS 305 NE 1ST STE 772
CITY-ST-ZIP MIAMI, FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Carlos Duarte ☒ Change ☐ Addition
STREET ADDRESS 144 NE 1ST STREET #112
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700062329727
12/21/05--01037--017 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-2005

Date

Daytime Phone #

12/16/05