


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 22 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P04000151807					
1. Corporation Name IHA ENTERPRISES INC.					
2. Principal Office Address - No P.O. Box # 525 E. 6TH ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 147 MANISTEE DR. <small>Suite, Apt. #, etc.</small>			
City & State PANAMA CITY <small>Zip Country</small> 32401 BAY		City & State PANAMA CITY BEACH <small>Zip Country</small> 32413 BAY			
4. Date Incorporated or Qualified To Do Business in Florida 11/05/2004					
5. FEI Number 20-2249105 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name: IMAM H. ALI Street Address (P.O. Box Number is Not Acceptable): 147 MANISTEE DR. Suite, Apt. #, Etc.: City: PANAMA CITY BEACH State: FL Zip Code: 32413					
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: <i>[Signature]</i> Date: 5/17/07 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P-	Imam H. ALI	147 MANISTEE DR.	PANAMA CITY BEACH FL 32413		
S	CAROL B. ALI	147 MANISTEE DR.	PANAMA CITY BEACH FL 32413		
VP	Imam H. ALI II	147 MANISTEE DR.	PANAMA CITY BEACH FL 32413		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: <i>[Signature]</i> 5/17/07 850 522 4159 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CELL 850 276 1143