

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000151807			
1. Corporation Name <i>IHA ENTERPRISES INC.</i>			
2. Principal Office Address - No P.O. Box # <i>525 E. 67th ST.</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <i>147 MANISTEE DR.</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>PANAMA CITY</i> <small>Zip 32401</small>		City & State <i>PANAMA CITY BEACH</i> <small>Zip 32413</small>	
7. Name and Address of Current Registered Agent <small>Name</small> <i>Imam H. Ali</i> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <i>147 MANISTEE DR.</i> <small>Suite, Apt. #, Etc.</small>			
<small>City</small> <i>PANAMA CITY BEACH</i>		<small>State</small> <i>FL</i>	<small>Zip Code</small> <i>32413</i>
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.			
<small>Signature of Registered Agent</small> <i>[Signature]</i>		<small>Date</small> <i>5/17/07</i>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Title</small> <i>P -</i>	<small>Name of Officers and/or Directors</small> <i>Imam H. Ali</i>	<small>Street Address of Each Officer and/or Director</small> <i>147 MANISTEE DR.</i>	<small>City / State / Zip</small> <i>PANAMA CITY BEACH FL 32413</i>
<small>S</small>	<small>CAROL B. ALI</small>	<small>147 MANISTEE DR.</small>	<small>PANAMA CITY BEACH FL 32413</small>
<small>VP</small>	<small>Imam H. Ali II</small>	<small>147 MANISTEE DR.</small>	<small>PANAMA CITY BEACH FL 32413</small>
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>		<small>Date</small> <i>5/17/07</i>	<small>Daytime Phone #</small> <i>850 522 4159</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <i>IMAM H. ALI</i>			

FILED

07 MAY 22 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/22/07--01051--005 ***450.00

REINSTATEMENT 05-07
CR2E081 (1/07) WOR

4. Date Incorporated or Qualified To Do Business in Florida
11/05/2004

5. FEI Number
20-2249105

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.

5/17/07

850 522 4159

Daytime Phone #

CELL 850 276 1143