

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 26 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**



513106 90233 015 150-00  
03162007 REIN-P CR2E098 (1/07)



**DOCUMENT # P05000034766**

1. Entity Name  
**HAVEN INSTALLS INC.**

Principal Place of Business  
1532 ZINNIA DR  
DELTONA, FL 32725 US

Mailing Address  
1532 ZINNIA DR  
DELTONA, FL 32725 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**16-1718400**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAVEN, KENNETH A JR.**  
**1532 ZINNIA DR**  
**DELTONA, FL 32725**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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: *Ken Haven JR*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAVEN, KENNETH A JR 1532 ZINNIA DR DELTONA, FL 32725</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300095894973 04/05/07--01036--025 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ken Haven JR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/2

22900

212

**HAVEN INSTALLS, INC.**

1532 Zinnia Drive  
386-878-5470

Deltona, FL 32725  
FAX (618) 655-1607

March 16, 2007

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

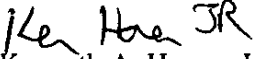
RE: P05000034766

To Whom It May Concern:

In 2006 I completed the Florida Annual Report and sent my check in for \$150.00 of which the State of Florida Cashed as instructed by Debra at the State of Florida Reinstatement Department today, I have enclosed the completed Reinstatement Form along with a check in the amount of \$150.00 for the 2007 year.

I respectfully request a waiver of the Reinstatement fee as I filed timely and did not receive any notification of additional information being needed.

Thank you,

  
Kenneth A. Haven, Jr.  
President