

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 10 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07262007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P05000116022</b> 1. Entry Name <b>HALDANE INVESTMENTS, INC.</b>					
Principal Place of Business <del>9020 SW 125 AVENUE</del> <del>APT. F102</del> <del>MIAMI, FL 33186</del>			Mailing Address <del>9020 SW 125 AVENUE</del> <del>APT. F102</del> <del>MIAMI, FL 33186</del>		
2. Principal Place of Business - No P.O. Box # <b>1325 Stone Road</b> Suite, Apt. #, etc. <b>301</b>		3. Mailing Address <b>1325 Stone Road</b> Suite, Apt. #, etc. <b>301</b>		4. FEI Number <b>20-8728059</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>			
Zip <b>32303</b>		Zip <b>32303</b>			
Country <b>Leon</b>		Country <b>Leon</b>		6. Name and Address of Current Registered Agent <del>VAZQUEZ, MILAGROS RESQ.</del> <del>717 PONCE DE LEON BLVD.</del> <del>SUITE 209</del> <del>CORAL GABLES, FL 33134</del>	
7. Name and Address of New Registered Agent Name <b>Milagros R. Vazquez, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 Ponce de Leon Blvd. #204</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>				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 <b>D</b> NAME <del>JARAMILLO, JOSE</del> STREET ADDRESS <del>9020 SW 125 AVENUE #F102</del> CITY-ST-ZIP <del>MIAMI, FL 33186</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>J</b> NAME <b>Jose I. Jaramillo</b> STREET ADDRESS <b>1325 Stone Rd. #301, Tallahassee</b> CITY-ST-ZIP <b>FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <del>JARAMILLO, ANA C</del> STREET ADDRESS <del>9020 SW 125 AVENUE #F102</del> CITY-ST-ZIP <del>MIAMI, FL 33186</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>V</b> NAME <b>Ana C. Jaramillo</b> STREET ADDRESS <b>1325 Stone Rd. #301, Tallahassee</b> CITY-ST-ZIP <b>FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>09/07/07</b>		
Daytime Phone # <b>850 3458680</b>			REINSTATEMENT <b>06-07</b>		