


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|-----------------------------|--|---|
| DOCUMENT # P05000153260 | |  |
| 1. Entity Name HAE, INC. | | |

FILED

06 OCT 19 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 2800 REGENCY OAK LANE ORLANDO, FL 32833 US | Mailing Address 2800 REGENCY OAK LANE ORLANDO, FL 32833 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 20-3810294 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

10092006 REIN-P CR2E098 (11/05)

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent HAENGEL, NORBERT 2800 REGENCY OAK LANE ORLANDO, FL 32833 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HAENGEL, NORBERT 2800 REGENCY OAK LANE ORLANDO, FL 32833 <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 |
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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: Norbert Haengel NORBERT HAENGEL 15 OCT 2006 (407) 568 5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20 10/25