2006 FOR PROFIT CORPORATION REINSTATEMENT

		REIN	STATEMENT			-					
DOCU	MENT	#P05000	158812								
Entity Name HAVANA HARDWARE INC.							007.01.0	·· 0. E3			
HAVANA HARDWARE INC.						7 06	007.31 F	71 Zt 20			
					G 11			:			
Principal Place of Business			-	Mailing Address					ri.		
1150 W 68 ST Hialeah, Fl 33014				1150 W 68 ST HIALEAH, FL 33014							
,							BONEL BURN ETIN ETIN EE		KI LEIKI NELE NI		
2. Principal P	lace of Busir	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#		0.00- 0-1.00-1-	City Any A. A.							
Suite, Apt.	#, 0 (C.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			STATE		8 11/05)	Ow	
City & State			City & State	City & State			389 47	157	}	oplied For ot Applicable	
Zip	Country		Zip	Zip Coun		5. Certificate	of Status Desired		8.75 Add	ditional	
6. Name and Address of Current I			urrent Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
			<u> </u>	Name							
GARCIA, I 1150 W 68	ST			Street Address			er is Not Acceptabl	ie)		····	
HIALEAH,	FL 33014	1	•								
					City	···		FL	Zip Cod	e	
8 The above	named entit	v submits this state	ment for the purpose of changin	ra its register	ed office or regist	ered agent, or bo	th in the State of Fi		miliar with	and accept	
	ions of regis		mont for the purpose of changer	ig ita registeri	od omice or regist	erea agant, ar bo	in, in the state of th	Onda. Tamia	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	and accept	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE											
FiL	E NOW!!!	FEE IS \$150.00					In accordance	with s. 607.	193(2)(b),	F.S., the	
After Jar	nuary 1, 20	07, Fee will be !	\$300.00				corporation did	I not receive	the prior i	notice.	
10.		OFFICER	S AND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	DP Delete IIII				I .	4	00081	370:	Change	☐ Addition	
NAME STREET ADDRESS	GARCIA, ISMAEL NAI 1150 W 68 ST STR				ET ADDRESS		1/060103		**15(0.00	
CITY-ST-ZIP	HIALEAH	, FL 33014		-S1-ZIP							
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NAME STREET ADDRESS				NAM Stre	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	r TITL	I				Change	Addition	
NAME STREET ADDRESS				NAM STRE	E ET ADDRESS						
CITY-ST-ZIP					-SI-ZIP						
TITLE			☐ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS				NAM	ET ADDRESS						
CITY-SI-ZIP					-ST-ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	fillu					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	E ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			Delete	TITL					☐ Change	Addition	
NAME OTREST ADDRESS				MAN							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
12. hereby	certily that th	e information suppl	ied with this filing does not qual	ify for the exi	emptions containe	ed in Chapter 119	9, Florida Statutes.	I further certif	y that the in	nformation	
of the cor	poration or t or on an att	in or supplemental i he receiver or truste achment with an ac	report is true and accurate and t se empowered to execute this re ldress, with all other like empower	maciny signa eport as requi ered.	red by Chapter 6	e same legal effe 07, Florida Statuti	or as il made under es; and that my nan	ne appears in	Block 10 o	or director or Block 11 if	
T 0 (/ in/13/10)											
SIGNAT	URE: _	SIGNATURE AND TV	PED OR PRINTED NAME OF SIGNING OF	FICER OR DIREC	TOR	י ןטו	Date	Da	ytime Phone If		
		T. T. ITT COLLE PORT I I									