


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000048741		
1. Entity Name D & J - HHA, CORP		

Principal Place of Business 825 BRICKELL BAY DR.#1245 MIAMI, FL 33131 US	Mailing Address 825 BRICKELL BAY DR.#1245 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BENITEZ, DENIS 825 BRICKELL BAY DR.#1245 MIAMI, FL 33131	

7. Name and Address of New Registered Agent	
Name Guillermo Camejo	
Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL Bay Drive #1245	
City Miami	FL 33131

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 <i>X G Camp</i>	DATE 3/10/08

FILE NOW!!! FEE IS \$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 BENITEZ, DENIS 825 BRICKELL BAY DR.#1245 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guillermo Camejo <input type="checkbox"/> Change <input type="checkbox"/> Addition 825 BRICKELL Bay Dr #1245 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JANESSI 825 BRICKELL BAY DR.#1245 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600121252866 03/25/08--01053--023 **300.00 <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	REINSTATEMENT 07-08 <input type="checkbox"/> Change <input checked="" 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: <i>X G Camp</i>	DATE 3/10/08

FILED

08 MAR 11 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102008 REIN-P CR2E098 (1/07)

4. FEI Number 20-4641369 Applied For Not Applicable

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

KS