

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -5 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000009223

1. Corporation Name

H.A. RENOVATING INC.

2. Principal Office Address - No P.O. Box #

ELLA MAE DR.

Suite, Apt. #, etc.

127

City & State

DAVENPORT, FL

Zip

33897

Country

USA

3. Mailing Office Address

ELLA MAE DR.

Suite, Apt. #, etc.

127

City & State

DAVENPORT, FL.

Zip

33897

Country

USA

500160812215
11/05/09--01039--013 **150.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2007

5. FEI Number

331168756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LORNA R. AGUILAR

Street Address (P.O. Box Number is Not Acceptable)

ELLA MAE DR.

Suite, Apt. #, Etc.

127

City

DAVENPORT,

State

FL

Zip Code

33897

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lorna R. Aguilar

REGISTERED AGENT MUST SIGN

Date 09/10/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HECTOR R. AGUILAR	127 ELLA MAE DR.	DAVENPORT, FL 33897
T,S	LORNA R. AGUILAR	127 ELLA MAE DR.	DAVENPORT, FL 33897

500160812215
09/18/09--01032--006 **750.00

DC 11/6

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Hector R. Aguilar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/09

Date

863-236-7744

Daytime Phone #