

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000009358

**FILED**  
**Dec 10, 2008**  
**Secretary of State**

**Entity Name:** HAVANA MANAGEMENT CORPORATION

**Current Principal Place of Business:**

300 MERIDIAN AVE STE 6  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

90 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

300 MERIDIAN AVE STE 6  
MIAMI BEACH, FL 33139

**New Mailing Address:**

90 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHERMAN, THOMAS G ESQ  
90 ALMERIA AVE  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: THOMAS G SHERMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            DP            ( ) Delete  
Name:           LANG, IRA  
Address:        300 MERIDIAN AVE STE 6  
City-St-Zip:    MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DP            (X) Change ( ) Addition  
Name:           LANG, IRA  
Address:        90 ALMERIA AVENU  
City-St-Zip:    CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA LANG

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

12/10/2008

\_\_\_\_\_  
Date