

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000023352

1. Entity Name
HABESHA, INC.



FILED
08 DEC 30 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8310 BEACH BLVD.
JACKSONVILLE, FL 32216

Mailing Address
8310 BEACH BLVD.
JACKSONVILLE, FL 32216

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



REINSTATEMENT

4. FEI Number

77-0671439

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEMU, MULUGETA
8310 BEACH BLVD.
JACKSONVILLE, FL 32216

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

Mulugeta Alemu

MULUGETA ALEMU

11-03-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.93(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
ALEMU, MULUGETA
8310 BEACH BLVD.
JACKSONVILLE, FL 32216

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
400139376734
12/30/08--01081--022 **\$150.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change 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:

Mulugeta Alemu MULUGETA ALEMU

Date

11-03-08

File

Phone #

619-817-5917