

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P080000878 L4**

1. Corporation Name

HARA INDUSTRIES, INC.

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

12318SW 117th CT

Suite, Apt. #, etc.

City & State

Miami

Zip

FL

Country

33186

3. Mailing Office Address

12318SW 117th CT

Suite, Apt. #, etc.

City & State

Miami

Zip

FL

Country

33186

400189810984
01/05/11--01037--002 **758.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

SEP/24/08

5. FEI Number

26-3429578

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

Jesus Londono

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

1635 SE 20th Road

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33035

REINSTATEMENT 10

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

[Signature]

Date **12-29-10**

REGISTERED AGENT MUST SIGN

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
President	Jesus Londono	1635 SE 20th Rd	Miami / FL / 33035
VP	Luis Augusto Jaramillo	1160 NW 123 PL	Miami / FL / 33182
Secretary	Luisa Fernanda Jaramillo	1160 NW 123 PL	Miami / FL / 33182
Op. Manager	Cesar Augusto Jaramillo	1160 NW 123 PL	Miami / FL / 33182

10. E-mail Address: **haraindustriesinc@live.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-10

Date

305 951 9453

Daytime Phone #