

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JUL 21 PM 12:07

DOCUMENT # P14000044034

1. Corporation Name

Hadarah Inc

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

175 SW 7 St

Suite, Apt. #, etc.

2210

City & State

MIAMI, FL

Zip

33130

Country

USA

3. Mailing Office Address

22462 SW 128 PL

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33170

Country

USA

400348878874
07/21/20--01011--008 **1500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Jorge Mesa Jr

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

175 SW 7 St

Suite, Apt. #, Etc.

2210

City

MIAMI, FL

State

FL

Zip Code

33130

JUL 21 2020

R. HUNT

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]

REGISTERED AGENT MUST SIGN

Date 7/17/20

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
VP	ALMUFLEHI, ZAID	175 SW 7 St	MIAMI, FL 33130
D	Valdes, Mirtha	175 SW 7 St	MIAMI, FL 33130
D	MESA, GEORGE	175 SW 7 St	MIAMI, FL 33130
CEO	RIVERA MAEZAN, XAVIER	175 SW 7 St	MIAMI, FL 33130
COO	Galvez, Leonardo	175 SW 7 St	MIAMI, FL 33130
P	MESA, Jorge Jr	175 SW 7 St	MIAMI, FL 33130

10. E-mail Address: lmesa@nadarah.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/20

Daytime Phone #