

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **PA2000003605**

1. Corporation Name

Haroon Investments inc.

Principal Place of Business

Mailing Address

**1600 Sanibel Drive 1600 Sanibel Drive
 Kissimmee FL 34741 Kissimmee FL 34741**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99^Q

APPROVED
 98 JUL - 9 PM 1:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida **11-12-1992**

5. FEI Number **59-3177012** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DVP	Hendrikse, Rob	FD Roosevelt 26	2285 CD Rijswijk-NE
DS	Hendrikse Onno	FD Roosevelt 26	2285 CD Rijswijk N.E
DP	Hendrikse, Johannes	FD Roosevelt 26	2285 CD Rijswijk N.E

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Smolders, Johannes
 1600 Sanibel Drive
 Kissimmee FL 34741**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **7-3-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 in 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 under section 119.07(3)(i), 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:

J. Hendrikse HENDRIKSE DP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-3-99**

Daytime Phone #

CR2E087 (12/98)