2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000036021

1. Entity Name
HAYA, INC.

FILED
07 JUN 27 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90 6607

06152007 REIN-P CR2E098 (1/07)

REINSTATEMENT

Principal Place of Business	Mailing Address
C/O NAT'L BANK OF KUWAIT SAK, NY BRANCH 299 PARK AVENUE NEW YORK, NY 10171	C/O NAT'L BANK OF KUWAIT SAK, NY BRANCH 299 PARK AVENUE NEW YORK, NY 10171

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

4. FEI Number: 58-2114645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORAK, HEIDI ESQ.
600 FIRST AVE N
STE 307
SAINT PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name: ~~MICHAEL E. REHR, ESQ.~~
Street Address (P.O. Box Number is Not Acceptable): 9500 S. Dadeland Blvd.
Suite 550
City: ~~Miami, FL 33156~~ 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 [signature] Michael E. Rehr DATE 6/26/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

800105297688
07/03/07--01015--012 **900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-BADER, HAYA P.O. BOX 886, SAFAT N/A 13009, KUWAIT,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHARAFI, FAWZI M P.O. BOX 886, SAFAT (N/A) 13009 KUWAIT,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: [signature] FAWZI M.A. AL-KHARAFI 23 June '07 305 670-8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #