PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 1. Corporation Name H.A. SERVICES INTERNATIONAL CORP. 300031352303 03/29/0401084015 **300.00 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. | | PORATI STATEM | | | | | Jim Secreta | RTMENT Smith ary of Sta | | ΓĒ | 01 | SECRE VISION | FIL TARY OF C | ED OF STATE | : Ons | | |
|--|--------------------------------------|-------------------------------------|------------------------|------------|----------------------------|-------------------------------|------------------------------|---|---|---|--|------------------------------|-------------------------|---|--------------------------|-------------|----------|
| 2. Primorpal Office Address 3. Mailing Office Address BEINSTATEMENT 03-04 REINSTATEMENT REINSTATEMENT 03-04 REINSTATEMENT REINSTA | DOCUMENT # P950000 _ 57188 | | | | | | | | | | 04 MAR 29 AM 8: 00 | | | | | | |
| Sulte, Apt. 8, etc. Sulte, Apt. 8, etc. Sulte Country Countr | · | | | | | | | | | 300031352303 03/29/0401084015 **300.00 | | | | | | | |
| Sulte, Apt. 8, etc. Sulte, Apt. 8, etc. Sulte Country Countr | 2. Principal Office Address 3. Maili | | | | | 3. Mailing | Office Address | | | | REIN | STA | TE | WENT | 0 | 3-0 | 4 |
| City & State MIAMI, FL Country Z-p | | | | | | | | | | 4. Date Incorporated or Qualified | | | | | | | |
| 2p 33166 US 33166 US 6 CERTIFICATE OF STATUS DESIRED SITE of a Country Site of US 33166 US 8 CERTIFICATE OF STATUS DESIRED SITE of a Country of Certificates of status of Country Site of Status of Status of Status of Country Site of Status of Status of Country Site of Status of Status of Status of Status of Status of Country Site of Status of St | | | | | | | | | | | 5. FEI Number Applied For | | | | | | |
| Name HECTOR ANDRADE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 8330 NW 68TH ST City MIAMI State Zip Code 33166 8. I. being appoint to registered ligent of the above named corporation, and amiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agen. Regist | A . | | | | · · | | , | y | | | | | | | ce required | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 8330 NW 68TH ST City MIAMI B. I. being appointed for registated largent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Agen. REGISTERED AGENT HUST SIGN Date O'REGISTERED AGENT HUST SIGN Date O'REGISTERED AGENT HUST SIGN Street Address of Each Officer and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officer of director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further cartify that when filing this temastatement application, he reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. the all foes owed by the corporation and section 113,07(3)(), F.S. The information indicated on this application is true and obscurate, and my signature shall have the same legal effect as if made under each. HECTOR ANDRADE O3-01-04 305-639-3066 | | | | | | 7. | Name and | l Address o | of Current Re | gistere | ed Agent | · | | | | | • |
| Suite, Apt. #, Etc. R330 NW 68TH ST City MIAMI State FL State Zip Code 33166 6. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Register | | HECTOR ANDRADE | | | | | | | | | | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, an tamiliar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Registered Agent of the above named corporation, an tamiliar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Registered Agent of the above named corporations must list at least 3 directors: Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PSD HECTOR ANDRADE 8330 NW 68TH ST MIAMI, FLORIDA 33166 10. Learly 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 cartify that when filing this reinstatement people and on the application is because of mischold on the some of only dividuals listed on this form of on the some of only called the rames of ingly/duclas listed on this form of on the supplication have been paid and the names of ingly/duclas listed on this form of on the qualify for an exemption under section 119,07(3)(i), F.S. The information indicated on this application is true and obcursts, and my signature shall have the same legal effect as if made under cath. HECTOR ANDRADE 03-01-04, 305-639-3066 | | | | | | | | | | | | | | | | | |
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Miami, March 1, 2004

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

HA SERVICES INTERNATIONAL CORP.

Doc Number P95000057188

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$300.00 to cover the following fees:

\$ 150.00 FOR 2003 Uniform Business Report

\$ 150.00 FOR 2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1995.

Your consideration will be greatly appreciated.

Sincerely,

Hector Andrade

President

83\(\beta 0 \) NW 68\(\text{th} \) Street Miami, FL 33166

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