


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000003138 1. Entity Name F.H.A. CORPORATION	
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FILED

2006 OCT 17 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2404 CATTLEMAN DR BRANDON, FL 33511	Mailing Address P.O. BOX 712 BRANDON, FL 33509-0712
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10132006 REIN-P CR2E098 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3624895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEDER, HELEN
 2404 CATTLEMAN DR
 BRANDON, FL 33511

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	BEDER, FARES	
STREET ADDRESS	2404 CATTLEMAN DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	S	
NAME	BEDER, HELEN	
STREET ADDRESS	2404 CATTLEMAN DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	800080931328	
NAME	10/18/06--01004--001 **150.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	800080931328	
NAME	10/18/06--01004--002 **8.75	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Helen Beder 10/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

10/23
ew