2008 FOR PROFIT CORPORATION REINSTATEMENT

REINS I A I EMER I			T ELL	EU OTATE
DOCUMENT # P9700007326 1. Entity Name HERAT, INC.			SECRETARY DIVISION OF CO	
		1	08 APR 22	MH II. 20
Principal Place of Business	Mailing Address		1	
2710 PONCE DE LEON BLVD .	2710 PONCE DE LEON B			
CORAL GABLES, FL 33134 - US	CORAL CABLES, FL-331	64		
	A Marillan Address	-		
2. Principal Place of Business - No P.O. Box # 1024 SW 114 PLACE	3. Mailing Address Moる4 SW 114	PLAGE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04162008 REIN-P	CR2E098 (1/07)
UNIT 52 ~ G	UNIT 5Z - 6	1	4. FEI Number	Applied For
Migni Fla	Migmi te		65-0816636	Not Applicable
Zip Country 33173 USA	33173	Country \	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33173 USA 6. Name and Address of Curren			7. Name and Address of New	<u> </u>
		Name		
KOCH, EDWARD M 7024-G SW 114 PLACE		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33173				
		City		FL Zip Code
8. The above named enlity submits this statement	for the fourness of changing its re	paietared office or regiet	ared agent or Asits in the State of F	rL
the obligations of agistered agent.	/ ~		ered agent, or apin, in the state of F	ionoa, i am iaminar witii, and accept
SIGNATURE Signature, typed or printed name of registered ager	n and the if applicable. (NOTE:	Registered Agent signsture/eq	uired when reinstating)	80 [7] P
			7.77	
FILE NOW!!! FEE 18 \$300.00			In accordance corporation die	with s. 607.193(2)(b), F.S., the d not receive the prior notice
10. OFFICERS AN	D DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OF	PICERS AND DIRECTORS IN 11 Change Addition
NAME KOCH, EDWARD M	C Delete	NAME		[Change [Addition
STREET ADDRESS 7024-G SW 114 PLACE		STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33173		CTTY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	☐ Delete	NAME	20012	:5039082
STREET ADDRESS		STREET ADDRESS	04/22/0801	5039082 019023 **300.00
CITY-SI-ZIP	FT Dates	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME	}	C) Grounge C) Audittori
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	0 11.	
TITLE	☐ Delete	TITLE	15 4 127	Change Addition
NAME	_ Ocicio	NAME	マブー しんのう	
STREET ADDRESS			THE PART OF PERSONS	
		STREET ADDRESS '	TATEMEN	(TU)-UY
CITY-ST-ZIP TITLE	☐ Delete		TEME	TU)—OV Addition
CITY-ST-ZIP TITLE NAME	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	TIGTATEMEN	Change Addition
CITY-ST-ZIP TITLE	☐ Delete	STREET ADDRESS	TOTATEME	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TIGTATEMEN	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied w	☐ Celete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP The exemptions contain	ed in Chapter 119, Florida Statutes	☐ Change ☐ Addition
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 w indicated on this report or Supplemental report of the corporation or the receiver or trystee em	ith this filling does not qualify for is true and accurate and that my powered po execute this report a	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain y signature shall have the	e same legal effect as if made unde	Change Addition I further certify that the information roath; that I am an officer or director
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 windicated on this report or Supplemental report of the corporation or the receiver or bystee emchanged, or on an attachment with an address	ith this filling does not qualify for is true and accurate and that my powered po execute this report a	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain y signature shall have the	e same legal effect as if made unde 07, Florida Statutes; and that my na	Change Addition I further certify that the information roath; that I am an officer or director me appears in Block 10 or Block 11 if
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 windicated on this report or supplemental report of the corporation or the receiver or hysice emchanged, or on an attachment with an address SIGNATURE:	ith this filing does not qualify for is true and accurate and that my powered to execute this report at, with allother like empowered.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain y signature shall have the strequired by Chapter 6	e same legal effect as if made unde	Change Addition I further certify that the information roath; that I am an officer or director me appears in Block 10 or Block 11 if
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 windicated on this report or Supplemental report of the corporation or the receiver or bysice emchanged, or on an attachment with an address SIGNATURE:	ith this filling does not qualify for is true and accurate and that my powered po execute this report a	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain y signature shall have the strequired by Chapter 6	e same legal effect as if made unde 07, Florida Statutes; and that my na	Change Addition I further certify that the information roath; that I am an officer or director