2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000010411

1. Entity Name
HAVANA NORTH, CORPORATION, INC.

FILED
07 MAR 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

030907 REINSTATEMENT CR2E038 (1/07) 007

Principal Place of Business	Mailing Address
P.O. BOX 416478 MIAMI BEACH, FL 33141	P.O. BOX 416478 MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
711 TASESCHEE DR		711 TASESCHEE DR	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: SEBRING FLORIDA		City & State: SEBRING FLORIDA	
Zip: 33370	Country: USA	Zip: 33870	Country: USA

4. FEI Number 65-0896200 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUERTES, RONALD 550 S, SHORE DRIVE MIAMI, FL 33141	Name: FUERTES, RONALD Street Address (P.O. Box Number is Not Acceptable): 711 TASESCHEE DR City: SEBRING FL Zip Code: 33370

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 ________ 3/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUERTES, RONALD P.O. BOX 416478 MIAMI BEACH, FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUERTES, RONALD 3007 WOODRUFF HEIGHTS AVON PARK FL 33825 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUERTES, RAQUEL P.O. BOX 416478 MIAMI BEACH, FL 33141 ☒ 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	400095165984 03/28/07--01038--013 **300.00 ☐ 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
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: ________ 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #