PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELAGE REAL	TALE INSTRUCTIONS DELIGITE O	
CORPORATION REINSTATEMENT	ELORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 MAR -2 PM 4: 32
DOCUMENT # P990 1. Corporation Name by Harnes	00041940 management Inc	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 407 LINCOIN Rd Suite, Apt. #, etc.	3. Mailing Office Address. 407 LINCOLD Rd Suite, Apt. #, etc.	
Site 89 City & State - Fl. Zin Country	Svite 8g City & State Miami Fl. Zip Country 33139 USA	4. Date Incorporated or Qualified To Do Business in Florida Hay Qg 5. FEI Number
33139 USA	the state of the s	for a Certificate of Status
Street Address (P.O. Box Number is 434 Lag		TS
Sanbel		State Zip Code FL 3395 7
8. I, being appointed the registered agent of the a Signature of Registered Agent	above named corporation, am familiar with and accept the ob-	Date <u>02 - 27 - 0 /</u>
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Direct	Street Address of Each ors Officer and/or Director	City / State / Zip
Pres Jay Haina	5 434 Lagoon	Dr. Sanibel Is. F1 3385
V.P doe Duer	434 Laggon Dr	· Sambel Is. F1. 33957
		3000038278732 -03/09/0101035016 *****900.00 *****900.00
		·
10. I certify 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 certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPETO OF PRINTED NAME OF SIGNING OFFICERIOR DIRECTOR.		