


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P94000036021</b> 1. Entity Name <b>HAYA, INC.</b>	
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FILED

07 JUN 27 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>C/O NAT'L BANK OF KUWAIT SAK, NY BRANCH 299 PARK AVENUE NEW YORK, NY 10171</b>	Mailing Address <b>C/O NAT'L BANK OF KUWAIT SAK, NY BRANCH 299 PARK AVENUE NEW YORK, NY 10171</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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REINSTATEMENT

30 0607

06152007	REIN-P	CR2E098 (1/07)
14. FEI Number <b>58-2114645</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HORAK, HEIDI ESQ.  
600 FIRST AVE N  
STE 307  
SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name <b>MICHAEL E. REHR, ESQ.</b>	
Street Address (P.O. Box Number is Not Applicable) <b>9500 S. Dadeland Blvd. Suite 550</b>	
City <b>Miami, FL 33156</b>	Zip Code <b>FL</b>

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:  6/26/07

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

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AL-BADER, HAYA</b> <b>P.O. BOX 886, SAFAT N/A</b> <b>13009, KUWAIT,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 18pt; font-weight: bold;">800105297688</div> <div style="text-align: center; font-size: 14pt;">07/03/07--01015--012 **\$900.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KHARAFI, FAWZI M</b> <b>P.O. BOX 886, SAFAT (N/A)</b> <b>13009 KUWAIT,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **FAWZI M.A. AL-KHARAFI** 23 June '07 305 670-8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #