

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 12 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636263

1. Corporation Name

HASS AUTO CLINIC INC.

REINSTATEMENT

500020807655

06/12/03--01076--010 **2250.00

2. Principal Office Address

389 NW 1st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

389 NW 1st Ave

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

24th June 1992

5. FEI Number

59-1942035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HASSAN A. GANIM

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

1341 S.W. 21st Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/10/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HASSAN A GANIM	1341 S.W. 21 st Lane	Boca Raton FL 33486
D	Sanouka L. Ganim	1341 S.W. 21 st Lane	Boca Raton FL 33486

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:

HASSAN A. GANIM

Date

6/10/2003

Daytime Phone #

CR2001 (10/02)

7/6/12