

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F23313

1. Corporation Name

JACK HASSON, INC.

Principal Place of Business

Mailing Address

11618 US Highway 1
N. Palm Beach, FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1981

5. FEI Number

59-2141892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8 75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDST	HASSON, JACK	2352 PGA Boulevard	Palm Beach Gardens, FL 33410
			700002639177--4 -09/15/98--01006--024 ****908.75 ****908.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

AUSTIN, KEITH C. JR. E.
501 SOUTH FLAGLER DR, STE 201
SUITE 700
WEST PALM BEACH, FL 33401 US

9. Name and Address of New Registered Agent

Name

Jack Hasson

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

2352 PGA Boulevard

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-26-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack Hasson, President

Date

8-26-98

(561) 627-3856

Daytime Phone #