
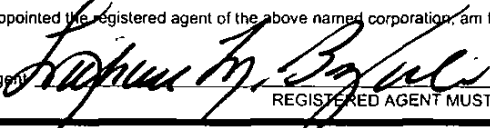
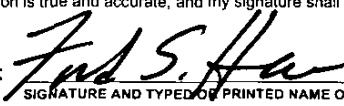


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H43900 <small>1. Corporation Name</small> Hassco Industries, Inc.			
<small>2. Principal Office Address</small> 3332 Southside Blvd. <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Office Address</small> 3332 Southside Blvd. <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Jacksonville, Florida <small>Zip Country</small> 32216 USA		<small>City & State</small> Jacksonville, Florida <small>Zip Country</small> 32216 USA	
<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 2/21/85		<div style="text-align: center;">REINSTATEMENT <small>CR2E081 (12/05)</small></div> <div style="text-align: right;"><small>Applied For</small> <input checked="" type="checkbox"/> <small>Not Applicable</small></div>	
<small>5. FEI Number</small> 592537702		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
<small>Name</small> Michael M. Bajalia			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 1301 Riverplace Blvd., Suite 1700			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> Jacksonville		<small>State Zip Code</small> FL 32207	
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.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 12/13/2006	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
PD	Fred S. Hassan	3332 Southside Blvd.	Jacksonville, FL 32216
S	Ann S. Hassan	3332 Southside Blvd.	Jacksonville, FL 32216
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 contained in Chapter 119, 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: 		President 12/13/2006 904739098	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	