

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 21 AM 8:25


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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--06/26/02--01047--008

***1050.00 ***1050.00

REINSTATEMENT 00-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H99154			
1. Corporation Name HAAS Professional Services Company			
2. Principal Office Address 3020 Timberlake Pt. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 2203 Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32082	Country US	Zip 32004	Country US

4. Date Incorporated or Qualified To Do Business in Florida 2/13/1986	
5. FEI Number 592650967	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Lawrence R. Patterson, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 3010 S. Third Street	
Suite, Apt. #, etc. <i>Lawrence R. Patterson</i>	
City Jacksonville Beach	State FL
Zip Code 32250	

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 *Lawrence R. Patterson* **REGISTERED AGENT MUST SIGN** **Date** 6/18/02

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
P	Brooks J. Haas	3141 Ponte Vedra Blvd.	Ponte Vedra Bch, FL 32082
VP	Deborah Sihras	3141 Ponte Vedra Blvd.	Ponte Vedra Bch, FL 32082

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:

Brooks J. Haas

Brooks J. Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/02
Date

904-358-1206
Daytime Phone #

CR2E081 (9/01)