

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 15 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J48288

1. Corporation Name

HAAS CONSULTANTS, INC.

600023829476  
10/15/03--01076--005 \*\*750.00

2. Principal Office Address

1346 S. KILLIAN DR.

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

Zip

33403

Country

USA

3. Mailing Office Address

1346 S. KILLIAN DR.

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

Zip

33403

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/86

5. FEI Number

592749415

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

William K. Hendershaw

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

1201 SCAFARE CIR

Suite, Apt. #, Etc.

101

City

Jupiter

State

FL

Zip Code

33477-9067

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

William K. Hendershaw

Date 10/14/03

REGISTERED AGENT MUST SIGN

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/T/S C/D	William K. Hendershaw	1201 SCAFARE CR., 101 Jupiter, FL 33477-9067	Jupiter FL 33477-9067

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:

William K. Hendershaw

10/14/03

Date

561 848 6788

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)