

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -6 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M25320

1. Corporation Name

HASSAN, INC.

2. Principal Office Address - No P.O. Box #

7213 NW. 123RD AVENUE

Suite, Apt. #, etc.

City & State

PARKLAND, FL.

Zip

33076

Country

U.S.A.

3. Mailing Office Address

2465 NW. 7TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33125

Country

U.S.A.

REINSTATEMENT 89-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1986

5. FEI Number

59-2616718

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

NOOR HASSAN

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

7213 NW. 123RD AVENUE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Noor Hassan

REGISTERED AGENT MUST SIGN

Date 10/23/2007

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	NOOR HASSAN	7213 NW. 123RD AVENUE	PARKLAND / FL. / 33076
VP	SHAHIN HASSAN	2465 NW. 7TH STREET	MIAMI / FL. / 33125
S	SALMA HASSAN	7213 NW. 123RD AVENUE	PARKLAND / FL. / 33076

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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:

Noor Hassan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/2007

Date

305-788-5114

Daytime Phone #