

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88104

1. Corporation Name

GARY HAIM, INC.

Principal Place of Business

6955 NW 52ND ST
#208
MIAMI FL 33166
US

Mailing Address

6955 NW 52ND ST
#208
MIAMI FL 33166
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1988

5. FEI Number

65-0060072

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAIM, GARY	8012 NW 68TH ST	MIAMI FL 33166

300008581803
10/25/02-01008-023 **150.00

8. Name and Address of Current Registered Agent

HAIM, GARY
8012 NW 68TH STREET
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Gary Haim
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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:

Signature of Gary Haim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date

305 463 7773
Daytime Phone #

CR2E040 (8/02)



GARY HAIM INC.

10 22 02

FROM : GARY HAIM INC.
TO : FLORIDA DEPARTMENT OF STATE

DEAR SIRs,

GARY HAIM INC. A FLORIDA CORPORATION SINCE 1988 CONFIRMS BY THIS LETTER TO HAVE NOT RECEIVED PRIOR NOTICE TO FILE ITS UNIFORM CORPORATION FORM .

I ASK TO BE REINSTATED AS WE ALWAYS LIKE TO KEEP OUR COMPANY IN GOOD STANDINGS AND DON'T UNDERSTAND HOW- SOMEWHERE DOWN THE LINE THIS FORM DIDN'T GET TO US PROMPTLY LIKE IT HAS FOR THE PASSED 14 YEARS OF ---- OPERATION IN THE HEAVY DUTY TRUCK PARTS BUSINESS.

PLEASE RECEIVE MY CHECK # 1102 AND ACCEPT MY APOLOGIES AS WE NOW WILL BE ABLE TO GET FORMS THROUGH YOUR WWW.SUNBIZ.ORG WE DIDN'T KNOW ABOUT.

SINCERELY YOURS,

GARY HAIM INC.

GARY HAIM

PRESIDENT