

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036923

1. Corporation Name

HASSAN & HASSAN, INC.

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

8200 Vineland Ave.

Suite, Apt. #, etc

Suite 13

City & State

Orlando, FL

Zip

32821

Country

USA

3. Mailing Office Address

P.O. Box 772093

Suite, Apt. #, etc

City & State

Orlando, FL

Zip

32877

Country

USA

100163365611
12/07/09--01016--013 **450.00
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **04/07/2000**

5. FEI Number
59-3663033

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

ELSAMRA, HASSAN I

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

1548 NESTLEWOOD TRAIL

Suite, Apt. #, Etc

City

ORLANDO

State

FL

Zip Code

32837

☒ 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

Hassan Hassan
REGISTERED AGENT MUST SIGN

Date **12/01/2009**

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	ELSAMRA, HASSAN I	1548 NESTLEWOOD TRAIL	ORLANDO, FL 32837
VP	HASSAN, NISSIOUI	12846 ENCLARE DRIVE	ORLANDO, FL 32837

10. E-mail Address: **NISSDLL@AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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:

Hassan Hassan
HASSAN, NISSIOUI

12/01/2009 407-579-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #