

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 30 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036923

1. Corporation Name

Hassan & Hassan Inc
PO Box 772093
Orlando FL 32877

2. Principal Office Address

3. Mailing Office Address

PO Box 772093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32877

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/00

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

Hassan Elsamra

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

1548 Westwood Trail

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

000021941950

07/30/03--01056--007 **451.00

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 Elsamra

REGISTERED AGENT MUST SIGN

Date

07-23-03

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	Hassan Elsamra	1548 Westwood Tr	Orlando FL 32837
VP	Hassan Nicsiani	12846 Encina Dr	Orlando FL 32837

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:

Hassan Elsamra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-23-03

Daytime Phone #

CR2E081 (10/02)

7/30

July 23, 2003

Florida Department of State

To Whom it May Concern:

Please be advised that we did not receive any notification of the Corporate Annual report. Our Corporation has been dissolved since September 1991.

We hereby ask that all penalties be removed and the Corporation be reinstated with the payment of \$150.00 per year. This total is \$450.00. Please accept our enclosed check along with our signed enclosed report.

Thank you for your attention to this matter.

Sincerely;

Hassan Elsamra

A handwritten signature in dark ink, appearing to read 'Hassan Elsamra', written over the printed name.