

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000097090**

1. Corporation Name

HASS ELECTRONICS, INC.

Principal Place of Business

**514 SOUTH 29TH COURT
HOLLYWOOD FL 33020**

Mailing Address

**514 SOUTH 29TH COURT
HOLLYWOOD FL 33020**

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
To Do Business in Florida

10/13/2000

5. FEI Number

65-1060389

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MIRZA, HUSNAIN	514 SOUTH 29TH COURT	HOLLYWOOD FL 33020
PVST	MIRZA, HUSNAIN	514 SOUTH 29TH COURT	HOLLYWOOD FL 33020

500004719695--6
-12/12/01--01008--009
*******750.00 *****750.00**

LS

8. Name and Address of Current Registered Agent

MIRZA, HUSNAIN
514 SOUTH 29TH COURT
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of Registered Agent: **HUSNAIN MIRZA** PRESIDENT Date **11/19/01**
REGISTERED AGENT MUST SIGN

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: **HUSNAIN MIRZA** PRESIDENT Date **10/19/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED

01 NOV 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01

CR2040 (8/01)