

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000115821

1. Corporation Name

HASMI & SON, INC.

Principal Place of Business

7230 SW 140 AVE  
MIAMI FL 33183

Mailing Address

7230 SW 140 AVE  
MIAMI FL 33183

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

10/25/2002

5. FEI Number

80-0068554

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
D	HASMI, ROBERT	7230 SW 140 AVE	MIAMI FL 33183

100024249831  
10/29/03 01035 016 \*\*150.00

8. Name and Address of Current Registered Agent

HASMI, ROBERT  
7230 SW 140 AVE  
MIAMI FL 33183

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

REGISTERED AGENT MUST SIGN

Date 10-27-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. HASMI

Date

10-27-03

Daytime Phone #

(305) 386 8686

FILED

03 OCT 29 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

## HASMI & SON, INC.

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7230 SW 140 Ave  
Miami, Fl. 33183  
(305) 386-8686

October 27, 2003

To Whom It May Concern,

I am in receipt of the Notice of Administrative Dissolution or Revocation. However, I did not receive the prior UBR notices. Enclosed please find a company check for the appropriate UBR filing fee and a completed and signed reinstatement form.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Hasmi', with a stylized flourish extending from the end.

Robert A Hasmi, Owner  
Hasmi & Son, Inc.