


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 182

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

05 DEC 15 AM 10:53

SECRET
DATE

DOCUMENT # P04000113513

1. Corporation Name
HASHANTI ENTERPRISES, INC.
6410 SW 20 STREET
N. LAUDERDALE, FL 33068

2. Principal Office Address
6410 SW 20 STREET
Suite, Apt. #, etc.

3. Mailing Office Address
6410 SW 20 STREET
Suite, Apt. #, etc.

City & State
N. LAUDERDALE
Zip
33068
Country
USA

City & State
N. LAUDERDALE
Zip
33068
Country
USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 08/03/2004

5. FEI Number ☒ 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 CAROL POWELL SCOTT 800062291912

Street Address (P.O. Box Number is Not Acceptable) 6410 SW 20 STREET 12/20/05--01035--013 **150.00

Suite, Apt. #, Etc.

City N. LAUDERDALE State FL Zip Code 33068

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 Carol Powell Scott Date 12/9/05

REGISTERED AGENT MUST SIGN

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 | CAROL POWELL SCOTT | 6410 SW 20 ST N. LAUDERDALE FL 33068 | N. LAUDERDALE, FL 33068 |
| VP | HORACE SCOTT | 6410 SW 20 ST N. LAUDERDALE FL 33068 | N. LAUDERDALE, FL 33068 |
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REINSTATEMENT 05
12/16/05

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: Carol Powell Scott, President Date 12/9/05 754-264-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page 201

December 9, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attention: Tyrone Scott

Re: Document #P04000113513
Hashanti Enterprises, Inc.

I Carol Powell-Scott would like to inform you that I have not received any correspondence in regards to continued service through your division which resulted in the abovementioned corporation being placed in an inactive status. I would appreciate if you would waive the reinstatement fee for me since this situation was strictly out of my hands.

My new address is duly stated on the enclosed reinstatement application along with a check for one hundred and fifty dollars (\$150.00).

Thanks in advance for understanding.

Sincerely,



Carol Powell-Scott
President

CPS/

Enclosures: Reinstatement Application
Check