

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16000067022

1. Corporation Name

HAAS ENTERPRISE INC

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

184 BULL DOG RUN

Suite, Apt. #, etc.

City & State

QUINCY FL

Zip

32352

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E031 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

81-3518890

☒ 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 ROBBIE L. HAAS

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

184 BULL DOG RUN

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32352

000368098380
06/11/21--01010--013 **1050.00

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

Robbie Haas

Date

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 |
|-------------------|--------------------------------------|---|--------------------|
| VICE PRESIDENT | DONNA HAAS | 184 BULL DOG RUN | QUINCY, FL 32352 |
| | | | |
| | | | |
| | | | |
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10. E-mail Address: HAASENTERPRISE INC@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robbie Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-445-2684