

1082
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:00

DOCUMENT # P950000157188

1. Corporation Name

H.A. SERVICES INTERNATIONAL CORP.

2. Principal Office Address

Suite, Apt. #, etc.

8330 NW 68TH ST -

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

8330 NW 68TH ST -

City & State

MIAMI, FL

Zip

33166

Country

US

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-21-1995

5. FEI Number
65-0598772

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

HECTOR ANDRADE

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

Suite, Apt. #, Etc.

8330 NW 68TH ST

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 03-01-04

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
PSD	HECTOR ANDRADE	8330 NW 68TH ST	MIAMI, FLORIDA 33166

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

HECTOR ANDRADE

03-01-04 305-639-3066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

202

Miami, March 1, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: HA SERVICES INTERNATIONAL CORP.
Doc Number P95000057188

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

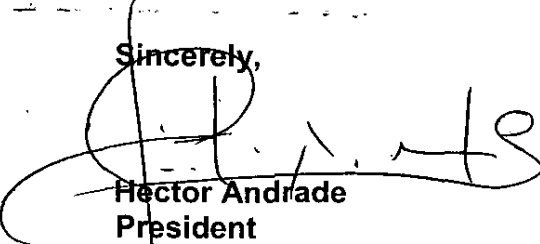
We are enclosing a check for \$300.00 to cover the following fees:

\$ 150.00 FOR 2003 Uniform Business Report
\$ 150.00 FOR 2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1995.

Your consideration will be greatly appreciated.

Sincerely,



Hector Andrade
President
8330 NW 68th Street
Miami, FL 33166