


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 7:34

DOCUMENT # P96000049243

1. Corporation Name

DR. ARMANDO L. HASSUN JR., P.A.

Principal Place of Business

Mailing Address

331 ISLA DOWADA BLVD
CORAL GABLES FL 33143
US

331 ISLA DOWADA BLVD
CORAL GABLES FL 33143
US

(DORADA)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0680391

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	HASSUN, ARMANDO L JR.	331 ISLA DOWADA BLVD DORADA	CORAL GABLES FL 33143

400003491104--6
-12/08/00--01012--002
****150.00 ****150.00

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HASSUN, ARMANDO L JR.
331 ISLA DOWADA BLVD
CORAL GABLES FL 33143

DORADA

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 11/14/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/00

CR2E040 (800)

2

796-49242

November 14, 2000

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


RE: Corporation Name: Dr. Armando L. Hassun Jr., P.A.

To Whom It May Concern:

I sent payment of my renewal of my corporation on 5/1/00, of \$150.00. The next information I received from the State was a Notice of Administrative Dissolution. I spoke with Ms. Michelle Milligan of the Division of Corporations and explained this to her, she instructed me to inform the Florida Department of State, Division of Corporations, in writing to explain and resubmit a renewal fee of \$150.00.

Thank you very much for your assistance in this matter.

Sincerely,



Armando L. Hassun, Jr., D.O.