

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV -5 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052302

1. Corporation Name

ELLY HAAS, INC.

Principal Place of Business

P.O. BOX 2643  
SARASOTA FL 34230-2643

Mailing Address

P.O. BOX 2643  
SARASOTA FL 34230-2643



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/19/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0674064	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/T	Haas, Elly K.	435 Bird Key Dr.	Sarasota, FL 34236
D	Haas, Lee	435 Bird Key Dr.	Sarasota, FL 34236
VP/D			

**BANK**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGINNESS, W L 1800 SECOND STREET - SUITE 750 - SARASOTA FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. Suite 971	
		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 Date 10/31/97  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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

Elly Haas, President

10/31/97

Date

Daytime Phone #

CRCE040 (8/97)

Elly Haas, Inc.  
P. O. Box 2643  
Sarasota, FL 34230  
October 31, 1997

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Elly Haas, Inc.

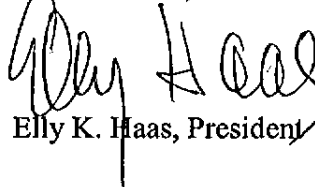
Dear Sir/Madam:

I was recently notified by your office that my corporation had been dissolved for failure to file the annual report. The annual report was mailed on July 30, 1997, along with a check in the amount of \$200. I understand your office received the annual report but returned it to me for correction. However, I never received the annual report. The check was deposited by your office on August 4, 1997.

In light of the fact I did not receive the annual report for correction, I would like to request that the reinstatement fee be waived and my corporation reinstated.

Very truly yours,

ELLY HAAS, INC.

  
Elly K. Haas, President