

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 96000053649

1. Corporation Name

HASANI INC

FILED

00 FEB -7 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

1665 BRANCH FORBES  
ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY

City & State

Zip

33565

Country

HILLSBOROUGH

Zip

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 20, 1996

5. FEI Number 59-3385634

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

SADRUDDIN H. BABUL

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

2930 N. FORBES RD.

Suite, Apt. #, Etc.

City

PLANT CITY

State  
FL

Zip Code

33565

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

*Sadruddin H. Babul*

Date 2.3.00

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
PRESIDENT	SADRUDDIN H. BABUL	2930 N. FORBES RD.	PLANT CITY FL 33565

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03/16/00 01023 007  
\*\*\*1050.00 \*\*\*1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

2.3.00.

Date

813-7541160.

Daytime Phone #