

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1-3

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 DEC 21 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 980000 684 **73**

1. Corporation Name

300003524463--8  
-01/05/01--01019--021  
\*\*\*\*150.00 \*\*\*150.00

HANNA & CHAMSI CORP.

2. Principal Office Address

2814 ORCHARD DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR FL.

City & State

Zip

Country

Zip

Country

34684

4. Date Incorporated or Qualified  
To Do Business in Florida

8/3/1998

5. FEI Number

65-0856087

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

IBRAHIM ABDE

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

2814 ORCHARD DR

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

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

*Ibrahim*

REGISTERED AGENT MUST SIGN

Date 12/21/00

**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
PRESEVENT	IBRAHIM ABDE	2814 ORCHARD DR	PALM HARBOR FL 34684

AD

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:

*Ibrahim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/00

Date

727 418-2607

Daytime Phone #

CR2E081 (9/99)

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**Law Office of David Browder Jr.**

**Attorney and Counselor at Law**

**305 S. Duncan Avenue**

**Clearwater, FL 33755**

Telephone (727) 461-5788

Facsimile (727) 442-2851

December 14, 2000

Florida Department of State

Corporations Division

ATTENTION: UNIFORM BUSINESS REPORTS SECTION (formerly Annual Reports)

P.O. Box 6327

Tallahassee, FL 32314

RE: HANNA & CHAMSI CORPORATION dissolved 9/22/00.

P98000068473

Gentlemen:

I appear as the Registered Agent for the above corporation. I received no correspondence regarding the Uniform Business Report which was apparently not filed.

The corporate address 20505 U.S. Hwy 19 North, Space 1-K-001 is in the Clearwater Mall in Clearwater, Florida. My client Ibrahim A. Abde is currently involved in litigation concerning the termination of a lease of a Kiosk on the premises by the landlord. The business was closed prior to June, 2000. He did not advise your office of his change of address, but tells me that he did not receive the initial notice or form, cannot find it among his papers, and it is possible that it was lost in the Mall mailroom.

The purpose of this letter is to request that your division waive the reinstatement fee as a result of these facts. I have ordered a blank Uniform Business Report and will forward it as soon as it is received from your office. If I can locate one locally, I will enclose it with this letter.

Please confirm your decision by fax or e-mail at BROWDERLAW@aol.com. Thank you for your attention and consideration.

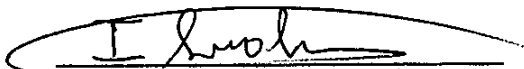
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Very truly,



David Browder Jr.

I affirm the above statements.



Ibrahim H. Abde