

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -4 PM 2:04

DOCUMENT # P99000051056

1. Corporation Name

HAS HOLDING CORP.

2. Principal Office Address

1550 MADRUGA AVE

Suite, Apt. #, etc.

336

City & State

CORAL GABLES FL

Zip

33146

Country

USA

3. Mailing Office Address

1550 MADRUGA AVE

Suite, Apt. #, etc.

336

City & State

CORAL GABLES FL

Zip

33146

Country

USA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/99

5. FEI Number

650931567

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

ERIC P. LITTMAN

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

7695 SW 104 STREET

Suite, Apt. #, Etc.

Suite 210

City

Miami

State  
FL

Zip Code

33156

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

1/31/01

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
P/D	AARON HABER	1550 MADRUGA AVE, #336	CORAL GABLES, FL 33146

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: Aaron Haber, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

(305) 665-9118

Daytime Phone #

CR2E081 (9/00)