

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063496

1. Corporation Name

HADEL, INC.

Principal Place of Business

7001 NW 20 COURT  
SUNRISE FL 33313

Mailing Address

7001 NW 20 COURT  
SUNRISE FL 33313



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

2. New Principal Office Address, If Applicable

2162 NW 6th STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2162 NW 6th STREET

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33311

Country

USA

City & State

FT LAUDERDALE FL

Zip

33311

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1999

5. FEI Number

65-0933586

Applied For

Not Applicable

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
D	PINDER, CHARLENE	7001 NW 20 COURT	SUNRISE FL 33313
PRES DIR	ELKHALIL, FRANCES	7001 NW 20 COURT	SUNRISE, FL 33313
			500003447085--1 -11/01/00--01056--015 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

PINDER, CHARLENE  
2162 NW 6 ST  
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

FRANCES ELKHALIL

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

7001 NW 20 COURT

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

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

FRANCES ELKHALIL  
REGISTERED AGENT MUST SIGN

Date OCTOBER 13 2000

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:

FRANCES ELKHALIL, PRESIDENT

Oct. 13 2000

Date

Daytime Phone #

954-584-3746

CR2E040 (8/00)