

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 15 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000106417
1. Corporation Name
Hakan Properties

2. Principal Office Address <u>9903 KONA ISLE CT.</u>		3. Mailing Office Address <u>9903 KONA ISLE CT.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO, FL</u>		City & State <u>ORLANDO, FL</u>	
Zip <u>32817</u>	Country <u>U.S.A.</u>	Zip <u>32817</u>	Country <u>U.S.A.</u>

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida 12-06-99 **SP**

5. FEI Number 59-3612125 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 <u>HARUN OZTURK</u>	200003514762 -- 6
Street Address (P.O. Box Number is Not Acceptable) <u>9903 KONA ISLE CT.</u>	-12/27/00-01075-026 ****750.00 ****750.00
Suite, Apt. #, Etc.	200003514762 -- 6
City <u>ORLANDO,</u>	-12/27/00-01075-027 ****8.75 ****8.75
State FL	Zip Code <u>32817</u>

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: [Signature] Date 12-12-00

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	<u>HAKAN DAGISTANLI</u>	<u>9920 KONA ISLE CT.</u>	<u>ORLANDO, FL, 32817</u>
V. Pres.	<u>HARUN OZTURK</u>	<u>9903 KONA ISLE CT.</u>	<u>ORLANDO FL, 32817</u>
<u>Please Remove any other Name than above</u>			

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] HARUN OZTURK Date 12-12-00 Daytime Phone # 407-6793909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)