PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 AUG 15 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/15/13 01026005 481.25

CR2E081 (11/10)

DOCUMENT # 711835

1. Corporation Name

HAMPTON COURT, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1958 Monroe Street		1958 Monroe Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hollywood, FL		Hollywood, FL	
Zip	Country	Zip	Country
33020	USA	33020	USA

4. Date Incorporated or Qualified To Do Business in Florida
November 23, 1966

5. FEI Number
591230665
☐ 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
Straley & Otto, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2699 Stirling Road

Suite, Apt. #, Etc.
C-207

City	State	Zip Code
Fort Lauderdale	FL	33312

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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 _____ Date 8/12/13

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
PD	Dennis Moore	1958 Monroe Street, #306	Hollywood, FL 33020
VD	Aaron Guzman	1958 Monroe Street, #303	Hollywood, FL 33020
SD	Kathleen Brown	1958 Monroe Street, #307	Hollywood, FL 33020
TD	Pamela Seijo	1958 Monroe Street, #103	Hollywood, FL 33020
D	Betty Walsh	1958 Monroe Street,#305	Hollywood, FL 33020
D	Theresa Zolnik	1958 Monroe Street, #209	Hollywood, FL 33020

10. **E-mail Address:** cfo@straleyottopa.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: _____ Dennis Moore, Pres. 8/6/13 954.925.6433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #