

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000004908**

1. Corporation Name

HAMON CUSTODIS, INC.

Principal Place of Business

~~P.O. BOX 1500~~
SOMERVILLE NJ 08876

58-72 East Main Street

Mailing Address

P.O. BOX 1500
SOMERVILLE NJ 08876

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

5. FEI Number

22-3595109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

99-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BILLINGTON, MIKE Hervier, Pierre	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876
DCEO	SOREE, LOUISE	250 STATE ST. 20	BRIDGEWATER NJ 08807
D	GILBERT, JEAN	1060 BRUSSELS	BELGIUM
DT	VIOLETTE, JAMES	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876
DS	LAGARENNE, JONATHAN	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876
P	DEMARTINO, JOSEPH	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800003335498--8

-07/25/00--01077--004

******900 900 46993**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

06/30/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph DeMartino

President

Date

7/1/00

Daytime Phone #

908.333.2088

CR2E040 (8/99)