

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 AUG -4 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004908

1. Corporation Name
HAMON CUSTODIS INC

REINSTATEMENT 02-04

2. Principal Office Address
58-72 EAST MAIN STREET

3. Mailing Office Address
PO BOX 1500

Suite, Apt. #, etc. "

Suite, Apt. #, etc.

City & State
SOMERVILLE MS

City & State
SOMERVILLE MS

Zip
08876

Country
USA

Zip
08876

Country
USA

400039538704
07/26/04--01075--003 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida
8/31/1998

5. FEI Number
22-3595109

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

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 Jill E. Kranz Date 7/15/04

Jill E. Kranz
REGISTERED AGENT MUST SIGN Assistant Secretary

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
<u>D</u>	<u>AART NOBEL</u>	<u>58-72 EAST MAIN STREET</u>	<u>SOMERVILLE MS 08876</u>
<u>D,T</u>	<u>JAMES VIOLETTE</u>	<u>58-72 EAST MAIN STREET</u>	<u>SOMERVILLE MS 08876</u>
<u>P</u>	<u>VICTOR BOCHICCHIO</u>	<u>58-72 EAST MAIN STREET</u>	<u>SOMERVILLE MS 08876</u>
<u>D</u>	<u>JEAN GILBERT</u>	<u>1060 BRUSSELS</u>	<u>BELGIUM</u>
<u>C</u>	<u>JAMES MESEROLL</u>	<u>58-72 EAST MAIN STREET</u>	<u>SOMERVILLE MS 08876</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: James Meseroll JAMES MESEROLL Date 7/15/04 Daytime Phone # 9083332081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)