


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000008250</b> 1. Entity Name HAMPTON CHASE, INC.			FILED 05 SEP -7 PM 2:31 800053381568 09/07/05--01010--018 **306.25
Principal Place of Business 10873 RUTHERFORD CT JACKSONVILLE, FL 32257		Mailing Address 10873 RUTHERFORD CT JACKSONVILLE, FL 32257	
2. Principal Place of Business 10845 Carrington Court Suite, Apt. #, etc.	3. Mailing Address 10845 Carrington Court Suite, Apt. #, etc.		
City & State Jacksonville, FL Zip 32257 Country U.S.		City & State Jacksonville, FL Zip 32257 Country U.S.	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GIORDANO, JOHN 10880 RUTHERFORD CT JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name <b>Christopher L. Hill</b> Street Address (P.O. Box Number is Not Acceptable) 10845 Carrington Court City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32257</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Christopher L. Hill</u>		Christopher Hill/President	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>9/1/05</u>		DATE	
<b>FILE NOW!!! FEE IS \$297.50</b>		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIORDANO, JOHN 10880 RUTHERFORD CT JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHINNERS, JOHN 10873 RUTHERFORD CT JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT APPICELLI, CANDY T 10873 RUTHERFORD CT JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMMONS, KIM 10843 RUTHERFORD CT JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Tiffany May 10807 Rutherford Ct Jacksonville, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Tiffany May 10807 Rutherford Ct Jacksonville, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Christopher L. Hill</u>		9/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Christopher L. Hill		904-860-0008	
Daytime Phone #		Daytime Phone #	