PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S03582

1. Corporation Name

HAMILTON FINANCIAL SERVICE CORP.

Principal Place of Business Mailing Address 2121 10TH AVE N SUITE 7 2121 10TH AVE N SUITE 7 LAKE WORTH FL 33461 LAKE WORTH FL 33461 7 **500016324185** 04/18/03--01055--010 ***500.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/28/1990 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0219069 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip Ρ 2121 10TH AVE N. STE 7 SWEET, WALTER LAKE WORTH FL 33461 \$0001632418 04/18/03--01055--011 * 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Raymond R. Rex. Jr. VASALLO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2328 10TH AVENUE NORTH 3452 W. Boynton Beach Blvd Suite, Apt. #, Etc. SUITE 300 10 LAKE WORTH FL 33461 State Zip Code City B**B L**3|6 Boynton Beach. 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 RECOSTERED AGENT MUST SIGN 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 APR 11 PM 4: 47

CR2E040 (8/00

HAMILTON FINANCIAL **GORPORATION**



April 7, 2003

Secretary of State 1201 Hays Street Tallahassee, Fl. 32301

Please find attached following this letter, the application for reinstatement of Hamilton Financial Services Corporation S03582. Also enclosed please find the fee required for reinstatement in the amount of \$600.00. plus \$8.75 for Certificate of Good Standing.

Hamilton Financial Service Corporation did not receive Uniform Business Report forms for the year 2000, for the year 2001, the year 2002 and the year 2003. Therefore, Hamilton Financial Service Corporation respectfully requests a waiver of any late fees or penalities which may be involved.

Thank you for your consideration regarding this matter

Walter Sweet, Treasurer

Walter Sun