

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 358913

1. Corporation Name

HAMMER CONSTRUCTION, CORP.

Principal Place of Business

2990 NW 40TH ST.
MIAMI FL 33142
US

Mailing Address

2990 NW 40TH ST.
MIAMI FL 33142
US

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

01/29/1970

5. FEI Number

50-1319271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSM	NEWELL, NORMAN	7000 SW 77 PL	MIAMI FL 33143
D	NEWELL, NORMAN I	7000 SW 77 PL	MIAMI FL
VTD	NEWELL, TANYA L	7000 SE 77 PL	MIAMI FL 33143

8. Name and Address of Current Registered Agent

NEWELL, NORMAN I
2990 NW 40 STREET
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Norman I Newell
REGISTERED AGENT MUST SIGN

Date 10-14-99

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

Norman I Newell
NORMAN I NEWELL

Date

10-14-99

Daytime Phone #

(305) 635-1330

KE

FILED
99 NOV -5 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2000 (8/99)