

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 524095

1. Corporation Name

D. DALE HAMILTON, JR., INC.

Principal Place of Business

6909 9TH STREET
APT 402
SAINT PETERSBURG FL 33705-6241
US

Mailing Address

355 ELM DRIVE
WAYNESBURG PA 15370
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.

~~150 2nd Ave. N Suite 600~~
~~St. Petersburg, FL~~

Zip Country
33701 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~355 Elm Dr.~~
~~Waynesburg PA~~

Zip Country
15370 USA

REINSTATEMENT



100024641764
11/13/03--01054--013 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1977

5. FEI Number

25-1327625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PTD	HAMILTON, D. DALE, JR.	6909 9TH ST NORTH APT 402	SAINT PETERSBURG FL 33705
VS	HAMILTON, KATHERINE	6909 9TH ST NORTH APT 402	SAINT PETERSBURG FL 33705
PTD	Kathleen A. Davis	280 Elm Drive	Waynesburg, PA 15370
VS	Lynne Harkreader	150 Fairway Landing	Canonsburg, PA 15317

8. Name and Address of Current Registered Agent

HAMILTON, D. DALE, JR.
6909 9TH ST NORTH
APT 402
SAINT PETERSBURG FL 33705-6241

9. Name and Address of New Registered Agent

Name
~~Katherine A. Davis~~ (Scott Arnett)

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

150 2nd Ave. North
Suite, Apt. #, Etc.

City State Zip Code
Suite 600 FL 33701
St. Petersburg

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/31/03

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:

Kathleen A. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

724-627-8466

Daytime Phone #

CR2E040 (7/03)