

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009-2014

DOCUMENT # 555687

1. Corporation Name

T. Hampton, Inc.

2. Principal Office Address - No P.O. Box #

1659 Montague St

Suite, Apt. #, etc.

City & State

Deltona, FL

Zip

32725

Country

US

3. Mailing Office Address

1659 Montague St

Suite, Apt. #, etc.

City & State

Deltona

Zip

FL

Country

32725

FILED

14 MAY -1 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400259761234
05/01/14--01031--019 **1500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1977

5. FEI Number

59-1798415

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

Frederick T. Hampton, III

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

1659 Montague St

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

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

Frederick T. Hampton III

REGISTERED AGENT MUST SIGN

Date April 29, 2014

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
P	Frederick T. Hampton, III	1659 Montague St.	Deltona, FL 32725

10. E-mail Address: thsh144@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Frederick T. Hampton III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/14

Date

352-455-7177

Daytime Phone #