PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

601039

1. Corporation Name

FRANK HAMILTON & ASSOCIATES, P.A.

Principal Place of Business

HAMILTON III. FRANK E

2620 W. KENNEDY BOULEVARD TAMPA FL 33609

us

Mailing Address

HAMILTON III. FRANK E 2620 W. KENNEDY BOULEVARD TAMPA FL 33609

US

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



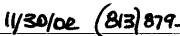
REMOTATEMENT 02

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		incorrect in any way, line the Address, If Applicable			ddress, If Applicable	Date Incorporated or Qualified To Do Business in Florida O5/29/1969			
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			r	Applied For	
City & State			City & State				59-1263012 	Not Applicable	
Zip		Country	Zip		Country	GERTIFICATI	E OF STATUS DESIRED S	i.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	I/or Director (Flo	orida nonprof	fit corporations must list at le	east 3 directors)			
Title(s) 1 Name of Officers and/or Directors			Street Address of E Officer and/or Dire		City / State / Zin				
PD	HAMILTON, FRANK E III			611 S ORLEANS AVE		TAMPA FL 33606			
ST HAMILTON, DONNA L.				\$11 S ORLEANS AVE		TAMPA FL 33606			
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	8. Nam	e and Address of Current	Registered Age	ent	Nama	9. Name and Address of New Registered Agent			
LIAMI		ANIV E	·		- Name	- Name			
Hamilton III, Frank e 2620 W. Kennedy Boulevard					Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33614					Suite, Apt. #, Etc.				
					City State Zip Code				
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am f	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S. or 617.05	05, F.S.	
		1							
Signature of Registered	Agent	Flaike?	· · · · · · · · · · · · · · · · · · ·	me)	QUIRED		Date	102	
	<u>.</u>	Н	EGISTERED AG	ENIMUSI	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 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:





Daytime Phone #