

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707240

1. Corporation Name

HAMAREST, INC.

Principal Place of Business

2027 5TH STREET S.
NAPLES FL 34102

Mailing Address

2027 5TH STREET S.
NAPLES FL 34102

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

FILED

00 APR -6 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09-00

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1964

5. FEI Number

59-3497221

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
PD	BENEDICT, RALPH H JR	2027 5TH STREET S.	NAPLES FL 34102
VD	PALMER, ROBERT	1825 5TH STREET S.	NAPLES FL 34102
TD	WILSON, KEITH	1717 GULFSHORE BLVD N.	NAPLES FL 34102
S	BENEDICT, DOROTHY	2027 5TH STREET S.	NAPLES FL 34102
			300003215243--8 -04/19/00--01099--004 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

BENEDICT, RALPH H JR
2027 5TH STREET S.
NAPLES FL 34102

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4-4-00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH H. BENEDICT, JR.

Date

4-4-00

Daytime Phone #

941-261-7115

KE

CR2E040 (8/99)