

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FO1000000159**

1. Corporation Name

G.R. HAMMONDS ROOFING, INC.

500134795435
08/21/08--01023--004 **450.00

du 8-22

REINSTATEMENT *06-08*

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

759 SHANNON ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 707

Suite, Apt. #, etc.

City & State

LUMBERTON, NC

City & State

LUMBERTON, NC

Zip

28360

Country

US

Zip

28359

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2001

5. FEI Number

562053951

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

WILL O. HAMMOND

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

4675 SW 82 TERRACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Will O. Hammond

Date

REGISTERED AGENT MUST SIGN

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	ANITA H. BLANKS	749 HAMMONDS ROAD	LUMBERTON, NC 28360
S	RUBY L. HAMMONDS	759 SHANNON ROAD	LUMBERTON, NC 28360
VP	MITCHELL HAMMONDS	757 SHANNON ROAD	LUMBERTON, NC 28360

10. 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 contained in Chapter 119, 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:

Anita H. Blanks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-08

Date

Daytime Phone #

*910
615
9935*