

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JUL 10 PM 2:47

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **F98000004908**

1. Corporation Name
HAMON CUSTODIS, INC.

Principal Place of Business Mailing Address
~~P.O. BOX 1500~~ P.O. BOX 1500
 SOMERVILLE NJ 08876 SOMERVILLE NJ 08876
 58-72 East Main Street



REINSTATEMENT

9100

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/31/1998	
City & State		City & State		5. FEI Number	
Zip		Country		22-3595109	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BILLINGTON, MIKE Hervier, Pierre	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876
DCEO	SOREE, LOUISE	250 STATE ST. 20	BRIDGEWATER NJ 08807
D	GILBERT, JEAN	1060 BRUSSELS	BELGIUM
DT	VIOLETTE, JAMES	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876
DS	LAGARENNE, JONATHAN	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876
P	DEMARTINO, JOSEPH	3040 US HWY 22 W 58-72 East Main Street	BRANCHBURG NJ 08876 Somerville, NJ 08876

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 800003335498--8	
		City 07/25/00--01077--004	
		****900 FL ****900.00	

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 REQUIRED* Date *06/30/00*

REGISTERED AGENT MUST 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.

KE

SIGNATURE: *SIGNATURE REQUIRED* Date *7/1/00* Daytime Phone # *908.333.2088*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph DeMartino President

CR2E040 (8/99)