

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

97-00



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

FILED

00 MAR 24 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K73243

1. Corporation Name

HAMILTON DEVELOPMENT CORP.

2. Principal Office Address

PO Box 5356

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIGHTHOUSE POINT, FL

Zip

Country

Zip

Country

33074

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/16/89

SP

5. FEI Number

65-0107913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-00

7. Name and Address of Current Registered Agent

Name

TIM HAMILTON

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

2365 NE 28th STREET

400003195754

Suite, Apt. #, Etc.

04/04/00 01/03/11

***1200.00 ***1200.00

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date

3/8/00

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.T.D	TIM HAMILTON	2365 NE 28 th STREET	LIGHTHOUSE POINT, FL 33064
S	MARY HAMILTON		

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 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:

TIM HAMILTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00
Date

954/946-2253
Daytime Phone #

CR2E081 (9/99)