

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 OCT -9 PM 12:40

DOCUMENT #. LC5000088511

1. Limited Liability Company's Name

Hamilton Rentals, LLC

500417101095
10/10/23--01001--002 **2047.50

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

2511 Hieing Road

3. Mailing Office Address

P.O. Box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toms River, NJ

City & State

Seaside Park, NJ

Zip

08753

Country

U.S.

Zip

08752

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

FL / U.S.

5. Date Organized or Qualified
To Do Business in Florida

September 6, 2005

6. FEI Number

20-4131483

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Keith D. Diamond, P.A.

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

3440 Hollywood Blvd.

Apt. #, Etc.

Suite 415

City

Hollywood

State

FL

Zip Code

33021

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date October 9, 2023

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	James Patrick Morbit	P.O. Box 38	Seaside Park, NJ 08752
AMBR	David Fricke	9 Pinewood Drive	Neptune, NJ 07753

11. E-mail Address: k.diamondpa@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date Oct. 9, 2023

Phone # 954-618-1007

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**See check attached: \$2042.50(reinstatement fee) + \$5.00(certificate of status)
= \$2047.50**

Authorization Signature: _____ :

HAMILTON RENTALS, LLC

L05000088511

BUSINESS NAME

DOCUMENT #

___ Certified Copy

X Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

___ Statement of Authority

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OTHER FILINGS

___ Apostille

___ Country

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

X Reinstatement

___ Qualification

___ Other

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EXAMINER'S INITIALS: _____