

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 Hierarchy 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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 \_\_\_\_\_ Date October 9, 2023

REGISTERED AGENT MUST SIGN

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

REINSTATEMENT

10/10/23

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

**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

2023 OCT -9 PM 3:19

RECEIVED

**OTHER FILINGS**

Apostille

Country

Annual Report

Fictitious Name

**REGISTRATION/QUALIFICATIONS**

Foreign filing

**Reinstatement**

Qualification

Other

RECEIVED

**EXAMINER'S INITIALS:** \_\_\_\_\_