

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99238

1. Corporation Name

Fairman & Hamman, Inc.

2. Principal Office Address
2301 NW 33rd Court

3. Mailing Office Address
2301 NW 33rd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33069

Country
USA

Zip
33069

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/07/1990

5. FEI Number 650215044

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
Herbert Fairman

Street Address (P.O. Box Number is Not Acceptable)
2301 NW 33rd Court

Suite, Apt. #, Etc.

City
Pompano Beach, FL

State
FL

Zip Code
33069

600074539666

05/12/06--01067--025 **139.75

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

Herbert Fairman
REGISTERED AGENT MUST SIGN

Date

5/2/06

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/S/D	Herbert Fairman	2301 NW 33rd Court	Pompano Beach, FL 33069
	<i>8/75/10</i>		

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:

Herbert Fairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Fairman, Pres.

Date

5/2/06

(954) 970-5274

Daytime Phone #