

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003802

1. Corporation Name

Hammbe Properties and Management Services INC

Principal Place of Business

5045 Soutel Drive
Jacksonville, FL 32008

Mailing Address

P.O. Box 9216
Jacksonville, FL 32008

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/94

5. FEI Number

59-3252763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SB 79: Additional Fee required
for a Certificate of Status

REINSTATEMENT

99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/O	Calvin D. Kinsey	1656 W. Edgewood Ave	Jax., FL. 32208
V/O	Naomi Halford	319 W. 17 St	Jax, FL. 32206
S/O	Carnie B. Kinsey (New officer)	2591 W. Beaver	Jax, FL. 32254
T	Gregory Austin	3263 Dyrnigden Dr.	Jax, FL. 32225
			200003072942--8 -12/16/99--01067--014 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Calvin D. Kinsey
2591 W. Beaver St.
Jax, FL. 32254

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

C. D. Kinsey

REGISTERED AGENT MUST SIGN

Date

11-30-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

C. D. Kinsey Calvin D. Kinsey

Date

11-30-99

Daytime Phone #

(904) 387-5402

KE

CR2001 (12/99)