

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000001825**

1. Corporation Name

**HAMILTON TAX SERVICE, INC.**

FILED

02 OCT 29 PM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2625 N.E. 6TH AVE  
WILTON MANORS FL 33334

Mailing Address

2625 N.E. 6TH AVE  
WILTON MANORS FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/2000

5. FEI Number

65-0971388

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

D

HAMILTON, RICK S

2625 N.E. 6TH AVE

WILTON MANORS FL 33334

*02 UBR*

8. Name and Address of Current Registered Agent

HAMILTON, RICK S

2625 N.E. 6TH AVE

WILTON MANORS FL 33334

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *10-28-02*

11. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-28-02* *954-565-9173*

Date Daytime Phone #

CR02040 (8/02)

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**Joan Hamilton, P.A.**  
Accounting Systems Specialist

**FAX SHEET**

TO: Department of State  
FROM: *Joan Hamilton* *probably*  
DATE: *7-10-02* *mailed*  
# OF PAGES: *Copy*

Dear Sirs,

I'm sorry about the mix up.  
I never received your letter of April  
28<sup>th</sup>, but did receive your 2<sup>nd</sup> Uniform  
Report Form. I called but I didn't  
get thru at that time. So I threw it  
out after checking that I had paid it  
; the check had cleared.

I checked into this again  
today by accident, was calling for  
someone else.

So here is a copy of the  
original, where I put in President.  
Hope this is OK -

Thanks.

*Joan Hamilton*  
**COPY**

(954) 565-9173  
Fax (954) 565-3283  
TAX PREPARATION

