

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 000000 64835

1. Corporation Name

HAMILTON TURF FARM, INC.

2. Principal Office Address

19121 GREEN GROVE CT.

Suite, Apt. #, etc.

N/A

City & State

LOXAHATCHEE FL

Zip

33470

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 08-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-03-2000

5. FEI Number

65-1037717

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

THOMAS C. HOLT JR

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

2980 WERWOOD CT

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

000027442250

01/22/04 01074-006 **800.00

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

Thomas C. Holt Jr.

Date 1/15/04

REGISTERED AGENT MUST SIGN

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
D	THOMAS C. HOLT SR.	457 OLD COUNTRY ROAD	WELLINGTON, FL 33414
D	THOMAS C. HOLT JR	2980 WERWOOD CT.	WELLINGTON, FL 33414
D	STEVEN F. HAMILTON	19121 GREEN GROVE CT.	LOXAHATCHEE, FL 33470

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 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:

Steven F. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-04

Daytime Phone #

561-718-7768

CR2E081 (10/02)

Hamilton Turf Farm, Inc.
19121 Green Grove Court
Loxahatchee, FL 33470
(561) 792-1582

February 15, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

To Whom It May Concern:

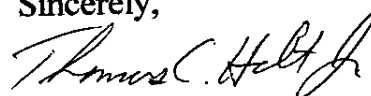
Enclosed please find our application for reinstatement. I request the penalties be waived for our failure to file an annual report for 2001. Shortly after establishing the corporation I changed residences. I never received the forms for the annual renewal and was unaware of the procedure for this renewal.

I am enclosing a check for this year as well as 2001, 2002 and 2003 for the annual reports. We appreciate your help and understanding in this matter.

Please update the address on file to:

Hamilton Turf Farm, Inc.
19121 Green Grove Court
Loxahatchee, FL 33470

Sincerely,



Thomas Holt, Jr.
Registered Agent
Hamilton Turf Farm, Inc.