

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000084347

1. Corporation Name

J. HAMMER ASSOCIATES, INC.

Principal Place of Business

19161 CLOISTER LAKE LANE
BOCA RATON FL 33498

Mailing Address

19161 CLOISTER LAKE LANE
BOCA RATON FL 33498

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

09/01/2000

5. FEI Number

65-1040590

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	DILLON, JAMES P	19161 CLOISTER LAKE LANE	BOCA RATON FL 33498
			100040647791 08/30/04--01087--011 **900.00
			100040647791 09/23/04--01055--001 **150.00

8. Name and Address of Current Registered Agent

DILLON, JAMES P
19161 CLOISTER LAKE LANE
BOCA RATON FL 33498

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

James P Dillon
REGISTERED AGENT MUST SIGN

Date

26 August 2004

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:

James P Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

26 August 2004

Daytime Phone #

- 561 -
483 7735

Date

Daytime Phone #

CF2E040 (8/02)