

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
02 OCT 25 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090043

1. Corporation Name

HAMBURG CONSTRUCTION, INC.

Principal Place of Business

588 LAKESIDE PLACE
LARGO FL 33771

Mailing Address

588 LAKESIDE PLACE
LARGO FL 33771

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

09/13/2001

5. FEI Number

59-3744050

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HAMBURG, HAL	588 LAKESIDE PLACE	LARGO FL 33771
V.P.	JAMES J. LUTZ	1110 CARLTON RD	TAMPA SPRING FL 34689

8000008605208
10/28/02--01034--002 **750.00

10/30

8. Name and Address of Current Registered Agent

~~PATEL, SANDIP I ESQ
SANDIP I. PATEL, P.A.
6800 N. DALE MABRY HWY., STE. 268
TAMPA FL 33614~~

9. Name and Address of New Registered Agent

Name

Hal S. Hamburg

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

588 Lakeside Place

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33771

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 REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hal S. Hamburg

10-24-02 727 224 8991

Date

Daytime Phone #

CR2E040 (8/02)