

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 3:11

DOCUMENT # P02000023116

1. Corporation Name

HAMMOCKS PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

11510 SW 147TH AVE. #17
MIAMI FL 33196

11510 SW 147TH AVE. #17
MIAMI FL 33196



REINSTATEMENT

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

13550 SW 88TH ST

Suite, Apt. #, etc.

SUITE 236

City & State

Miami, FL

Zip

33186

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2002

5. FEI Number

☒ 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
PD	GUTIERREZ, SONIA	11510 SW 147TH AVE. #17	MIAMI FL 33196
VD	IAIZA, MARCOS	11510 SW 147TH AVE. #17	MIAMI FL 33196

700024764257
11/17/03--01103--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUTIERREZ, SONIA
11510 SW 147TH AVE. #17
MIAMI FL 33196

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

Sonia Gutierrez

REGISTERED AGENT MUST SIGN

Date

11/13/03

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:

Sonia Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

2/2

HAMMOCKS PROFESSIONAL SERVICES, INC.
13550 SW 88TH STREET
SUITE 236
MIAMI, FL 33186
TELEPHONE 305 752-8353

November 13, 2003

To Whom It May Concern:

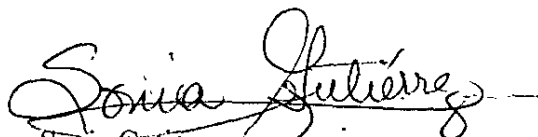
I am writing this letter to inform you that I did not receive a renewal notice for this year Annual report /uniform business report. We moved to a new location and it must of gotten lost in the mail. I apologize for the mix up.

I am enclosing a check for the \$150.00 fee.

Also, please make a note that we have moved and our new address is listed above.

If you have, any questions please feel free to contact me.

Sincerely


Sonia Gutiérrez
Registered Agent