

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -9 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000052455

1. Corporation Name

HAMMOCK TITLE, INC.

REINSTATEMENT

03-04

300028411763
02/09/04--01049--001 **300.00

2. Principal Office Address

2 Florida Park Dr. N.

Suite, Apt. #, etc.

3. Mailing Office Address

2 Florida Park Dr. N.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip
32137

Country
USA

Zip
32137

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/02

5. FEI Number

01-0719494

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

Fred W. Lewers

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

2 Florida Park Dr. N.

Suite, Apt. #, Etc.

City

Palm Coast,

State
FL

Zip Code
32137

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

[Handwritten Signature]

Date 1/28/04

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
P	Jesse McKnight III	1532 S. Flagler Ave	Flagler Beach, FL 32136
T	Genette McKnight	1532 S. Flagler Ave	Flagler Beach, FL 32136
S	Fred W. Lewers	8 Carlos Ct	Palm Coast, FL 32137
VP	Louis Delgado	19 S. Claredon Ct.	Palm Coast, FL 32137

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)(l), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/04

Daytime Phone #

386-445-7300

CR2E081 (10/02)

HAMMOCK TITLE INC.

**2 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32136**

January 28, 2004

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500**

I recently contacted your office telephonically concerning non receipt of Uniform Business Report for Hammock Title. We are a fairly new corporation and I advised the young lady to whom I spoke that I did not recall receiving a form for last year. She reviewed our records and found that it had been returned as undeliverable. The address it was sent to was correct, it was the address of the attorney who set up this corporation for us.

The person to whom I spoke advised me to down load the attached Corporation Reinstatement form, complete it and submit it along with a check for \$300.00, for the two years concerned.

I feel that last years non submittal was not our fault and ask that the payment of \$300.00 be accepted. I have made myself the registered agent on the new form to avoid this from reoccurring.

Thanking you in advance for your assistance in this matter, I remain,

Very truly yours,


Fred W. Lewers