

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000117314**

1. Corporation Name

HAMMER ENTERPRISES, INC.

Principal Place of Business

211 SW 95 TERR
PEMBROKE PINES FL 33181

Mailing Address

211 SW 95 TERR
PEMBROKE PINES FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
298 NW 172 Avenue

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33029

Country
USA

3. New Mailing Office Address, If Applicable
298 NW 172 Avenue

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33029

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2002

5. FEI Number

364512889

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
DPST	GONZALEZ, EDWARD	211 SW 95 TERR	PEMBROKE PINES FL 33025
		298 NW 172 Avenue	Pembroke Pines, FL 33029

900024825343

11/21/03--01045--024 **150.00

8. Name and Address of Current Registered Agent

GOLDEN, RICHARD A
12000 BISCAYNE BLVD STE 500
N MIAMI FL 33181

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

SIGNATURE REQUIRED

RICHARD A. GOLDEN REGISTERED AGENT MUST SIGN

Date 11/14/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03 954-441-5558

Date

Daytime Phone #

CR2E040 (7/03)

LAW OFFICES

**KRAMER
&
GOLDEN, P.A.**

12000 BISCAYNE BLVD., SUITE 500 · NORTH MIAMI, FLORIDA 33181
TELEPHONE: (305) 899-1800 · FACSIMILIE: (305) 891-1144
E-MAIL: KGPA@aol.com

SANFORD H. KRAMER
RICHARD A. GOLDEN

REFER TO FILE NO.

November 17, 2003

057-02

Department of State
Division of Corporations
Reinstatement Department

RE: HAMMER ENTERPRISES, INC.
DOCUMENT NO.: P02000117314

Dear Sir/Madam:

This office represents Mr. Edward Gonzalez as Registered Agent of Hammer Enterprises, Inc.

Enclosed please find the Reinstatement form for the above corporation and their check in the amount of \$150.00 for the annual fee. Please note that this is the only form received by our client. Neither the first nor second uniform business report notices were received. Therefore, it is respectfully requested that the reinstatement fee be waived and the corporation be put in good standing.

Please note the address of the corporation is changed as of this date.

Thank you for your attention to this matter.

Yours very truly,

KRAMER & GOLDEN, P.A.

By: 
RICHARD A. GOLDEN, ESQ.

RAG:mx
Enclosures