

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 16 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

300027117003
01/16/04--01065--007 **908.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000134524

1. Corporation Name

Hamilton Construction Inc.

2. Principal Office Address

1896 Eaton Road

Suite, Apt. #, etc.

City & State

Green Cove Springs, Fl.

Zip

32043

Country

3. Mailing Office Address

1896 Eaton Road

Suite, Apt. #, etc.

City & State

Green Cove Springs, Fl.

Zip

32043

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/02

5. FEI Number

550810292

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

Scott R. Hamilton

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

1896 Eaton Road

Suite, Apt. #, Etc.

City

Green Cove Springs

State

FL

Zip Code

32043

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

Scott R Hamilton

Date

1-13-04

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/T/S/N/D	Scott R Hamilton	1896 Eaton Road	Green Cove Springs, Fl. 32043

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)(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:

Scott R Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-04

Daytime Phone #

904 219 5692

CR2081 (10/02)