

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000002951

1. Entity Name
HAMMERTRON INC.



FILED

04 NOV -9 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5406 NW 57TH STREET
TAMARAC, FL 33319**

Mailing Address
**5406 NW 57TH STREET
TAMARAC, FL 33319**

2. Principal Place of Business
**3653 NW 19TH ST
LAUDERDALE LKS, FL 33311**

3. Mailing Address
**3653 NW 19TH STREET
LAUDERDALE LKS, FL 33311**



10292004 REIN-P CR2E098 (6/04)

City & State
LAUDERDALE LKS, FL

City & State
LAUDERDALE LKS, FL

Zip
33311

Country
BROWARD

Country
BROWARD

4. FEI Number
11-3672847

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WRIGHT, PHILBERT L
5406 NW 57TH STREET
TAMARAC, FL 33319**

**3653 NW 19TH STREET
LAUDERDALE LKS
33311**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, PHILBERT L 5406 NW 57TH STREET TAMARAC, FL 33319 2620 S UNIVERSITY AVE APT #101, PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042610638 11/09/04--01087--030 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V. P. CARTER 837 SW 118 AVE DEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** 11.04.04 9544865995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #