


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 27 AM 9:11

DOCUMENT # P05000048885

1. Corporation Name
Hamilton Estates, Inc.

2. Principal Office Address - No P.O. Box #
220 Oak Rd.

Suite, Apt. #, etc.

City & State
Winter Springs, FL

Zip Country
32708 US

3. Mailing Office Address
220 Oak Rd

Suite, Apt. #, etc.

City & State
Winter Springs, FL

Zip Country
32708 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600110024376
09/27/07--01045--020 **150.00
09/18/07--01014--001 **150.00

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 03/29/05

5. FEI Number 52-2456922 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
Hamilton, Renae L.

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

Suite, Apt. #, Etc.

City State Zip Code
Winter Springs FL 32708

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Renae L. Hamilton Date 9/8/07

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	Renae L. Hamilton	220 Oak Rd	Winter Springs, FL 32708
VP	Gregory J. Hamilton	220 Oak Rd	Winter Springs, FL 32708

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 contained in Chapter 119, 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: Renae L. Hamilton Renae L. Hamilton 407-929-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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September 8, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please find enclosed form CR2E081 titled Corporation Reinstatement. We are asking for a waiver of the reinstatement fee because of the hardship suffered from hurricane damage to one of our properties. Please grant our request for waiver of the reinstatement fees due to hurricane loss.

Thank you,
Renae Hamilton
407-929-0357

Renae L. Hamilton
Hamilton Estates
220 Oak Rd
Winter Sp., FL
32708