

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

08 JAN 15 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000001406

1. Corporation Name

HAMED & HAMED INC.

2. Principal Office Address - No P.O. Box #

2145 LINCOLN AVENUE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL.

Zip

33054

Country

U.S

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/2006

5. FEI Number

20-4079293

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

HAMED F. HAMED

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

2145 LINCOLN AVENUE

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33054

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

REGISTERED AGENT MUST SIGN

Date 01/03/2008

**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
PD	HAME F. HAMED	2145 LINCOLN AVENUE	OPA LOCKA, FL. 33054

900115192219  
01/19/08--01032--001 \*\*100.00  
900115192219  
01/19/08--01032--002 \*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/2008

Date

Daytime Phone #

REINSTATEMENT 07-08

80  
1-17-08

January 10<sup>th</sup>, 2008.


To: Florida Department of State.  
Division of Corporation

Subject: Hamed & Hamed Inc.  
#20-4079293.

Please be advised that we never received our notice of annual report, for the corporation Hamed & Hamed Inc. in 2007. Enclosed find the fee \$300.00 as discussed with your department for the reinstatement of my corporation for the years 2007 and 2008.

Sorry for any inconvenience that this have caused.

Sincerely yours.



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Hamed F. Hamed  
Hamed & Hamed Inc.