

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 30 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

67-08

DOCUMENT # P06000098005

1. Corporation Name

HAMEL ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #
4521 PGA BOULEVARD

3. Mailing Office Address
4521 PGA BOULEVARD

Suite, Apt. #, etc.
STE. 277

Suite, Apt. #, etc.
STE. 277

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

Zip Country
33418 USA

Zip Country
33418 USA

4. Date Incorporated or Qualified
To Do Business in Florida 07/25/06

5. FEI Number

☒ 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
ANGELL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
ONE NORTH CLEMATIS STREET

Suite, Apt. #, Etc.
STE. 400

City
WEST PALM BEACH

State Zip Code
FL 33401

☒ 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 Michael E. Botos
Vice President REGISTERED AGENT MUST SIGN!

Date JAN. 29, 2009

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
DP	DUFFY, PATRICIA	4521 PGA BOULEVARD, STE. 277	PALM BEACH GARDENS FL 33418
DVPST	DUFFY, JOHN P.	4521 PGA BOULEVARD, STE. 277	PALM BEACH GARDENS FL 33418

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01/30/09--U1020--004 **450.00

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 John P. Duffy / Patricia Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 2009 941-209-9482
Date Daytime Phone #