

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 15 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024467

1. Corporation Name

Hamilton Lawn Care, Inc.

2. Principal Office Address

1721 Blanding Blvd.

Suite, Apt. #, etc.

Suite 105

City & State

Jacksonville, FL

Zip

32210

Country

USA

3. Mailing Office Address

3611 Cedarcrest Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32210

Country

USA

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

04/01/1993

5. FEI Number

59-3174067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

John M. Hamilton, Jr.

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

3611 Cedarcrest Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

100032779351
04/15/04--01014--015 **300.00

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

John M. Hamilton Jr.
REGISTERED AGENT MUST SIGN

Date 04/11/2004

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
Pres	John M. Hamilton, Jr.	3611 Cedarcrest Drive	Jacksonville, FL 32210

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:

John M. Hamilton Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2004

Date

904-388-2700

Daytime Phone #

CR2E081 (01/04)

7

April 12, 2004

Re: Hamilton Lawn Care, Inc.
EIN 59-3174067
Doc# P93000024467

To whom it may concern:

This letter is being written to request an abatement of the reinstatement fee for the above-mentioned corporation. We did not receive the UBR or any other type of notice for last year or this year. During that time both our business address and our mailing address have changed. The new addresses are reflecting in this reinstatement form. We are also including a check for \$300.00 as instructed by the Division of Corporations for the 2003 and 2004 filing periods.

If you need any additional information please contact me directly @ 904-388-2700.

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script, reading "John M. Hamilton, Jr.", written in dark ink.

John M. Hamilton, Jr.
President, Hamilton Lawn Care, Inc.