
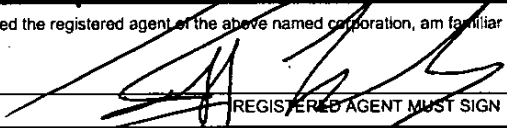
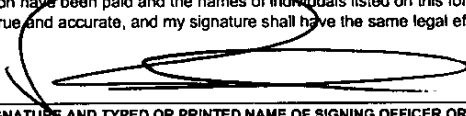


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P94000019202</u>			
1. Corporation Name <u>S. P. HAMILTON, INC.</u>			
2. Principal Office Address <u>101 S. VICTORIA PARK ROAD</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FT. LAUDERDALE FL 33301</u>		City & State	
Zip <u>33301</u>	Country <u>USA</u>	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida <u>3/11/94</u>	
		5. FEI Number <u>05-0475709</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>JEFFREY FEINBERG</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4000 HOLLYWOOD BLVD</u>			
Suite, Apt. #, Etc. <u># 350-N</u>			
City <u>HOLLYWOOD</u>		State <u>FL</u>	Zip Code <u>33021</u>
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 		Date <u>11/1/05</u>	
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
<u>P/VP</u> <u>S/T</u>	<u>Randy HERSCOVICI</u>	<u>101 S. VICTORIA PARK ROAD</u>	<u>FT. LAUDERDALE FL 33301</u>
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: 		Date <u>11/1/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>3058037046</u>	

FILED
05 NOV -2 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

5007 OR 25081 (8/05) 7 Robert

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