

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 19 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090900**

1. Corporation Name

HAMILTON BODY SHOP, INC.

Principal Place of Business

Mailing Address

5722 GREENWOOD AVE.
W PALM BEACH FL 33407

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W PALM BEACH FL 33407



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number APPLIED FOR	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CARTER, HAMILTON	805 BAYBERRY DR	LAKE PARK FL 33403
VP	CARTER, PRINCE	805 BAYBERRY DR	LAKE PARK FL 33403
C	CARTER, HAMILTON JR	805 BAYBERRY DR	LAKE PARK FL 33403
ST	CARTER, BURNADETTE	805 BAYBERRY DR	LAKE PARK FL 33403
REINSTATEMENT 1996 <i>U. Man</i>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CARTER, HAMILTON 805 BAYBERRY DRIVE LAKE PARK FL 33403		Name Street Address (P.O. Box Number is Not Acceptable) 600002034966-12 Suite, Apt. #, Etc. 12/20/96 01054-018 ***375.00 ***375.00 City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *HAMILTON* **SIGNATURE REQUIRED** Date 9/28/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *HAMILTON* **SIGNATURE REQUIRED** Date 9/28/96 561-948-9512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #