

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 MAY 30 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **95000008216**

1. Corporation Name

Hammerberg & Associates, Inc.

2. Principal Office Address

1655 Shadowmoss Circle

3. Mailing Office Address

PO Box 950108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

USA

Zip

32795-0108

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/95

5. FEI Number

59-3305523

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

Thomas P. Hammerberg

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

1655 Shadowmoss Circle

600020262886

05/30/03--01011--001 \*\*451.00

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

*Thomas P. Hammerberg*

REGISTERED AGENT MUST SIGN

Date **May 23, 2003**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Thomas P. Hammerberg	1655 Shadowmoss Circle	Lake Mary, FL 32746
Sec	Jeanne L. Hammerberg	1655 Shadowmoss Circle	Lake Mary, FL 32746

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:

*Thomas P. Hammerberg*

Thomas P. Hammerberg

5/23/03

407-829-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

216/2