

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA5000011/35**

1. Corporation Name
HAMILTON PARK CORPORATION

Principal Place of Business
**343 Almeria Ave.
Coral Gables, FL 33134**

Mailing Address

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

2. New Principal Office Address, If Applicable
3614 Landings Way,

Suite, Apt. #, etc.
#107

City & State
Tampa, Florida

Zip
33624

Country
Hillsborough

3. New Mailing Office Address, If Applicable
P. O. Box 274087

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip
33688

Country
Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/95

5. FEI Number
59-3315296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-99

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/D	Ramon L. Rodriguez	3614 Landings Way, #107	Tampa, FL 33624
S/T	Ramon E. Rodriguez	3614 Landings Way, #107	Tampa, FL 33624

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-03/03/99--01081--001
*****1200.00 ***1200.00**

8. Name and Address of Current Registered Agent

**AmeriLawyer
343 Almeria Ave.
Coral Gables, FL 33134**

9. Name and Address of New Registered Agent

Name
Alan Carregal
Street Address (P.O. Box Number is Not Acceptable)
6115 N. Armenia Ave.,
Suite, Apt. #, Etc.
Suite B
City
Tampa

State
FL

Zip Code
33604

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

Alan Carregal

REGISTERED AGENT MUST SIGN

Date **24 Aug 99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon L. Rodriguez, President

Date

Daytime Phone #