

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



FILED

90 FEB 16 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 9450000 11748

1. Corporation Name

NEW DEAL INC

Principal Place of Business

Mailing Address

1225 AIRPORT-RULLING RD S.  
NAPLES FL 33942

000002434390--7  
-02/18/98--01075--012  
\*\*\*1050.00 \*\*\*1050.00

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

3-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0557181

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33942

Collier

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
Pres	Robert S. Hamm (D)	2202 Treehaven Cir	FT MYERS FL 33907
Secy/Treas	CINDY L. Hamm (D)	2202 Treehaven Cir	FT MYERS FL 33907

REINSTATEMENT

06-98

SL 2-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert S. Hamm  
2202 Treehaven Cir  
FT MYERS FL 33907

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Robert S. Hamm*

REGISTERED AGENT MUST SIGN

Date 2-11-98

11. This corporation owes or has paid 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:

Robert S. Hamm

*Robert S. Hamm*

2-11-98

941-939-5528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)