

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**

97 NOV -3 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000039204**

1. Corporation Name

**HAMMERSMITH DEVELOPMENT, INC.**

Principal Place of Business

8147 SEVERN DR.

SUITE D

BOCA RATON FL 33433

Mailing Address

7040 W. PALMETTO PARK

2-100

BOCA RATON FL 33433

US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

7040 W Palmetto Pk Rd #2-100

City & State

Boca Raton, FL

Zip

33433

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

7040 W Palmetto Pk Rd #2-100

City & State

Boca Raton, FL

Zip

33433

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1995

5. FEI Number

65-0595245

Applied For

Not Applicable

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
DP	GOTTLIEB, JAMES O	8147 SEVERN DR., #D	BOCA RATON FL 33433
VP	ALTMAN, OWEN	22433 ENSANADA WAY	BOCA RATON FL 33433
D	GOTTLIEB, FREDRIC M	44320 LAKE TREE CT.	BOCA RATON FL 33433

400002338854--5  
-11/05/97--01067--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

JAMES O GOTTLIEB

8147 SEVERN DRIVE

SUITE D

BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

Owen D Altman

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

22433 Ensénada Way

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/28/97

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97  
Date

584-463-6657  
Daytime Phone #

CP2E040 (8/97)