

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PQ5000039204</b>		99 MAY -6 PM 1:17 TALLAHASSEE, FLORIDA 000002874380--S -05/13/99--01102--007 ****300.00 ****300.00	
1. Corporation Name <b>Hammersmith Development Inc.</b>		1	
Principal Place of Business <b>7040 W. Palmetto pk RD. #2-100 Boca Raton, FL 33433</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>5/11/99</b>	
2. New Principal Office Address, If Applicable		5. FEI Number <b>65-0595245</b>	
Suite, Apt. #, etc.		Applied For	
City & State		Not Applicable	
Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	James O. Gottlieb	8147 Severn Dr. #0	Boca Raton, FL 33433
Sec.	Owen D. Altman	22104 Kenseada Way	Boca Raton, FL 33433
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James O. Gottlieb 8147 Severn Dr #0 Boca Raton, FL 33433			
Signature of Registered Agent <b>[Signature]</b>		Name	
REGISTERED AGENT MUST SIGN		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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.		FL	
Signature of Registered Agent <b>[Signature]</b>		Date <b>3-1-99</b>	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>[Signature]</b>		James O. Gottlieb 3-1-99 561.497.0255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

②

Hammersmith Development  
7040 West Palmetto Park Road  
Suite 2-100  
Boca Raton, Florida 33433  
561.477.0255

March 1, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Reinstatement of Hammersmith Development Company, Inc., f/k/a DOJR  
Development Company Inc.**

To whom it may concern:

Enclosed please find an application and payment for reinstatement for the above referenced Florida Corporation.

Please take notice of the above address. This is the correct corporate address. Due to an error in your records we have never received the forms which are required for annual filing.

If I have misspoken the facts above or can be of any assistance please do not hesitate to contact me at the above number or directly at 561.702.3334.

Sincerely

  
James O. Gottlieb  
President

JOG/pm  
Encl.  
c: Brian W. Broad, Esq.