

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 993000062120

1. Corporation Name

Hampton & Associates Catastrophe Service Inc.

Principal Place of Business

Mailing Address

1507 Quivette Rd
Pace, FL 32571

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8-8-95

5. FEI Number

59-2337399

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)

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	Hampton, Joey	2679 Renfroe Rd	Pace, FL 32570
Sec.	Hampton, Debbie	2679 Renfroe Rd	Pace, FL 32570

900002789079-8
-02/26/99--01078--020
*****465.00 *****485.00

2/24/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joey H. Hampton
2679 Renfroe Rd
Pace, FL 32570

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Joey H. Hampton

REGISTERED AGENT MUST SIGN

Date

2-22-99

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:

Joey Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-2299 850-994-6536

HAMPTON & ASSOCIATES CATASTROPHE SERVICES, INC.

1567 QUINTETTE RD.
MILTON, FL. 32571

Phone 850-994-6536

February 22, 1999

Reinstatement Department

Re. Hampton & Associates Reinstatement

We received our application for reinstatement and in proses of filling it out phoned your office and spoke with Kathy about properly filing and amount owed. We where told send a letter explaining that once we moved from our old address to the new that we in turn never received notice from state and therefore over looked this matter. We have continued to pay Intangible taxes on this corporation. We our asking that you wave the reinstatement fee at this time. We understand that if you can wave it that it would be for this time only and that it is our responsibility to keep up with this matter. The amount we were told to send along with this letter was 465.00 .

Inclosed: 465.00 check
Reinstatement Document

If anything futher is needed please call or write.

Thanks


Joey Hampton