

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC 28 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002726981-015-9  
-12/30/98-01081-1087  
\*\*\*\*750.00 \*\*\*\*750.00



**REINSTATEMENT** 98

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # P96000067958**

1. Corporation Name  
**HAMPTON DEVELOPMENT, INC.**

Principal Place of Business Mailing Address  
**ONE SE THIRD AVE ONE SE THIRD AVE**  
**10TH FLOOR 10TH FLOOR**  
**MIAMI FL 33131 MIAMI FL 33131**

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  
**Jordan Gerber**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**400 E 54 St.**  
City & State City & State  
**NY NY**  
Zip Country Zip Country  
**10022**

4. Date Incorporated or Qualified To Do Business in Florida **08/15/1996**  
5. FEI Number **65-0705443** 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
1	2	3	4
D	GERBER, JORDAN, President	400 E 54TH ST	NEW YORK NY 10022

8. Name and Address of Current Registered Agent  
**SILVERMAN, STEVEN**  
**9130 S DADELAND BLVD**  
**TWO DATRAN CENTER SUITE 1225**  
**MIAMI FL 33156**

9. Name and Address of New Registered Agent  
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 **SIGNATURE REQUIRED** Date **12/21/98**  
REGISTERED AGENT MUST SIGN

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 REQUIRED** Date **12/21/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #