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APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

DIVISION OF CORPORATIONS

FILED

99 DEC 17 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007466

1. Corporation Name

HAMILTON STUCCO & PLASTERING, INC.

Principal Place of Business

Mailing Address

326 EMERSON DRIVE NW
PALM BAY FL 32907326 EMERSON DRIVE NW
PALM BAY FL 32907

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

01/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3424315

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
D	HAMILTON, DARRIN	326 EMERSON DRIVE NW	PALM BAY FL 32907

200003092202--3
01/07/00 01000 023
****558.75 ****558.75

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYD, JOEL E
7380 MURRELL ROAD
SUITE 100
MELBOURNE FL 32940

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

REGISTERED AGENT MUST SIGN

Date 12/14/98

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrin Hamilton

12/8/99

Date

(407) 951-9659

Daytime Phone #



HAMILTON STUCCO & PLASTERING, INC.

Darrin A. Hamilton, President ~ 326 Emerson DR., NW ~ Palm Bay, FL 32907

Phone (407) 951-9659 ~ Pager (407) 449-6588

"Guaranteed Quality and Dependability"

December 8, 1999

To whom it may concern,

Enclosed is my Corporate Reinstatement form. This form was sent out, with payment of \$550.00 in mid August. Per instructions from your office (Leslie), i am re-sending this form, along with a new check for \$550.00 (instead of \$750 as directed by this form). If there are any questions, please do not hesitate to contact me by paging me at (407) 449-6588.

Sincerely,

Darrin Hamilton, President