PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 01 NOV 26 PM 5:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #   **P97000012764**

1. Corporation Name

HAMSON, INC.

Principal Place of Business	Mailing Address
118 W MAIN ST PERRY FL 32347	PO BOX 1388 PERRY FL 32347

REINSTATEMENT 2001

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 02/10/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3427052 / Applied For / Not Applicable
City & State	City & State	6.
Zip / Country	Zip / Country	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WINDHAM, RICHARD L	118 W MAIN ST	PERRY FL 32347
D	DICKSON, DAVID	118 W MAIN ST	PERRY FL 32347
			800004733178--2
			-12/19/01--01060--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~DICKSON, DAVID C~~ ~~118 W. MAIN STREET~~ ~~PERRY FL 32347~~	Name Barbara E Coulthurst Street Address (P.O. Box Number is Not Acceptable) 311 Main St Suite, Apt. #, Etc. Box 1337 City Mayo State FL Zip Code 32066

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 _Barbara E Coulthurst_   Date 11-10-01

REGISTERED AGENT MUST SIGN

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: _____   11-10-01   386-294-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
ext. 22

CR2E040 (8/01)