

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JUN 14 P 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000127464

1. Corporation Name

Hamson, Inc.

12764

2. Principal Office Address - No P.O. Box #

102 El Rancho Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1388

Suite, Apt. #, etc.

City & State

Perry, Florida

City & State

Perry, Florida

Zip

32348

Country

USA

Zip

32347

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/1997

5. FEI Number

59-3427052

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Neville N. Coke

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

102 El Rancho Drive

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

000181986400  
05/11/10--01029--005 \*\*1958.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/9/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/P/S/D	Neville N. Coke	102 El Rancho Drive	Perry, FL 32348

REINSTATEMENT

02-10  
985

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/10

Date

850-371-0310

Daytime Phone #