

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

16 FEB 23 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012764

1. Corporation Name

Hamson, Inc

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

2281 Hwy. 98 W
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1388
Suite, Apt. #, etc.

City & State

Perry FL

City & State

Perry FL

Zip

32348

Country

USA

Zip

32347

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/97

5. FET 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)

2281 Hwy 98W
Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

400282553924
02/23/16--01023--006 **900.00

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

Neville N Coke
REGISTERED AGENT MUST SIGN

Date

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 | Neville N Coke | 2281 Hwy 98W | Perry FL 32348 |
| | | | |
| | | | |
| | REINSTATEMENT | ALL | |
| | | | |
| | | | |

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Neville N Coke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #