

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000065539

1. Corporation Name

HAMILTON FINANCIAL CORPORATION

Principal Place of Business

17517 SW 28TH CT.  
MIRAMAR FL 33029

Mailing Address

17517 SW 28TH CT.  
MIRAMAR FL 33029

FILED

01 JAN -4 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

9A-50

2. New Principal Office Address, if Applicable 4801 S. University Dr. #106 Ft. Lauderdale, FL City & State Zip 33328 Country Broward		3. New Mailing Office Address, if Applicable 4801 S. University Dr. #106 Ft. Lauderdale, FL City & State Zip 33328 Country Broward		4. Date Incorporated or Qualified To Do Business in Florida 07/23/1998 FEI Number 05-0853214 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
P	Latonya Hamilton	17517 SW 28th Ct.	Miramar, FL 33029
			000003536110--4 -01/12/01--01084--010 ***\$900.00 ***\$900.00
			LS

8. Name and Address of Current Registered Agent

HAMILTON, LATONYA  
17517 SW 28TH CT.  
MIRAMAR FL 33029

9. Name and Address of New Registered Agent

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

*Latonya Hamilton*  
REGISTERED AGENT MUST SIGN

Date

9/7/00

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

*Latonya Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 9/7/00 (954)  
Daytime Phone # 252-1675

CR2E040 (9/99)