

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 23 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105471

1. Corporation Name **HAMMERMEISTER, INC.**

2. Principal Office Address

1400 Royal Palm Blvd.

Suite, Apt. #, etc.

102

City & State

Fort Myers, Florida

Zip

33907

Country

USA

3. Mailing Office Address

1400 Royal Palm Blvd.

Suite, Apt. #, etc.

102

City & State

Fort Myers, Florida

Zip

33907

Country

USA

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/98

5. FEI Number

65-0886870

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

JAMES M. COSTELLO

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

2069 First Street

Suite, Apt. #, Etc.

Suite 301

City

Fort Myers

400030935294

03/23/04--01070--046 \*\*14.25

400030935294

03/23/04--01070--047 \*\*75.75

State

FL

Zip Code

33901

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

Date 2/13/04

REGISTERED AGENT MUST SIGN

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/D	Dennis R. Hammermeister	1400 Royal Palm Blvd. 102	Fort Myers, FL 33907
S/T/D	Brian D. Hammermeister	1400 Royal Palm Blvd. 102	Fort Myers, FL 33907

10. 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

(239) 936-9316

Date

Daytime Phone #

CR2E061 (01/04)