

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		PG9000014640	
1. Corporation Name Hamilton Enterprises of Vero, Inc.			
2. Principal Office Address 1450 Ocean Dr.		3. Mailing Office Address 1450 Ocean Dr.	
Suite, Apt. #, etc. Apt. 103		Suite, Apt. #, etc. Apt. 103	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32963	Country USA	Zip 32963	Country USA

FILED
DIVISION OF CORPORATIONS
SECRETARY OF STATE

00 NOV 17 PM 1:57

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida 2-12-99	
5. FEI Number 65-0899826	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name John Glorieux Street Address (P.O. Box Number is Not Acceptable) 1450 Ocean Dr., Apartment 103 Suite, Apt. #, Etc. City Vero Beach			
		1000003496531-8 -12/12/00-01025-022 ***750.00 ***750.00	
		State FL	Zip Code 32963

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 **11/15/00**

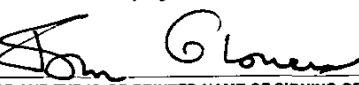
REGISTERED AGENT MUST SIGN

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
D/S/P	John Glorieux	1450 Ocean Dr., 103	Vero Beach, FL 32963

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

11/15/00

Date

561-234-1662

Daytime Phone #

CR2E081 (9/98)