

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 13 PM 4:00

DOCUMENT # P99000032142

1. Corporation Name

HAMEL CUSTOM BUILDERS CORP.

2. Principal Office Address

7421 POLK ST

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33024

Country

USA

3. Mailing Office Address

7421 POLK ST

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1999

5. FEI Number

650917507

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

DAVID B HAMEL

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

7421 POLK ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

DAVID B HAMEL

REGISTERED AGENT MUST SIGN

Date 12/10/01

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
PRES.	DAVID B HAMEL	7421 POLK ST	Hollywood, FL, 33024

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

DAVID B HAMEL

12/10/01

Date

(954) 989-9712

Daytime Phone #

CR2E081 (9/00)

Hamel Custom Builders Corp.

7421 Polk St
Hollywood, FL 33024

Phone (954) 989-9712
Fax (954) 989-9712

December 10, 2001

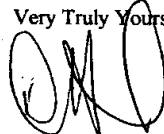
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500
RE: Hamel Custom Builders, FEIN 650917567

Dear Sir or Madam:

Enclosed please find a Uniform Business Reinstatement Form for Hamel Custom Builders Corp. The company never received the UBR Form for 2001. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$150.00 for reinstatement for the year 2001.

I want to thank you for all of the help that was given to me. If you have any questions, please call me at the above number.

Very Truly Yours,



David Hamel