

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:45

DOCUMENT # P99000099955

1. Corporation Name

THE GOLDEN HAMMER CARPENTRY & HANDYMAN, INC.

Principal Place of Business

Mailing Address

7450 N.W. 33 ST.
LAUDERHILL FL 33319

7450 N.W. 33 ST.
LAUDERHILL FL 33319



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0959629

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|--|
| PD | BROWN, ELIZABETH | 7450 N.W. 33 ST. | LAUDERHILL FL 33319 |
| V | COUTU, MARCEL G | 7450 NW 33RD ST | LAUDERHILL FL 33319 |
| | | | |
| | | | 200004679572--8 11/14/01--01094--015 ***150.00 ***150.00 |
| | | | |
| | | | SP |
| | | | |

8. Name and Address of Current Registered Agent

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

Elizabeth Brown
REGISTERED AGENT MUST SIGN

Date

10/24/01

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:

Elizabeth Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/01

954-742-0602

CR2E040 (8/01)

292

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee Fl. 32314

October 24, 2001

To Whom It May Concern:

I am the President of The Golden Hammer Carpentry & Handyman Inc., FEI 650959629. We are a small corporation, a one man operation, and I am the sole book keeper.

In December 2000, I returned home after a six month stay at Jackson Memorial Hospital in Miami, Florida, where I had a heart transplant that month. Although I was ill for months, I do not recall receiving any notices from the state regarding renewal for the corporation. We were a new corporation, and I was not aware of a yearly renewal fee. I surely would have attended to it if I was aware.

Given my past and present medical condition, I am requesting an exception be made regarding the reinstatement of The Golden Hammer. Upon advise, I have enclosed the application for reinstatement and a fee of \$150.00.

Thank you for your consideration in this matter.

Sincerely,
Elizabeth Brown
Elizabeth Brown
President