

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 28 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000108455

1. Corporation Name

Hampton Construction Company, Inc.

2. Principal Office Address

819 University Blvd

Suite, Apt. #, etc.

Unit 108

City & State

Jupiter

Zip

33458

Country

Palm Bch

3. Mailing Office Address

819 University Blvd

Suite, Apt. #, etc.

Unit 108

City & State

Jupiter

Zip

33458

Country

U.S.A.

REINSTATEMENT 02-03

800021834348

07/28/03--01030--013 **908 75

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-99

5. FEI Number

65-0977256

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

Barry H Craft

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

819 University Blvd.

Suite, Apt. #, Etc.

108

City

Jupiter

State
FL

Zip Code

33458

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-29-03

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
PS	Barry H Craft	819 University Blvd.	Jupiter FL, 33458
VP	Reina Craft	819 University Blvd.	Jupiter FL, 33458

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:

Reina Craft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/03

Date

754-264-3371

Daytime Phone #

CR2081 (10/02)

7/27/03