

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S56150**

1. Corporation Name

HAMILTON PROPERTIES, INC.

Principal Place of Business

424 BEACH DRIVE N.E.
SUITE 200
ST. PETERSBURG FL 33701-3000
US

Mailing Address

424 BEACH DRIVE N.E.
SUITE 200
ST. PETERSBURG FL 33701-3000
US

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

2. New Principal Office Address, If Applicable

10387 GANDY BLVD. N

Suite, Apt. #, etc.

#105

City & State

ST. PETE, FL

Zip

33702

Country

USA

3. New Mailing Office Address, If Applicable

10387 GANDY BLVD. N

Suite, Apt. #, etc.

#105

City & State

ST. PETE FL

Zip

33702

Country

USA

REINSTATEMENT **02**



300009198539

11/25/02--01028--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1991

5. FEI Number

59-3070283

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAMILTON, JOHN M. JR.	424 BCH DR NE	ST. PETERSBURG FL
VPT	HAMILTON, COURTNEY C.	424 BEACH DRIVE NE	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

HAMILTON, JOHN M.
424 BEACH DRIVE N.E.
SUITE 200
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name **COURTNEY HAMILTON**
Street Address (P.O. Box Number is Not Acceptable)
10387 GANDY BLVD. N.
Suite, Apt. #, Etc.
#105
City **ST. PETE** State **FL** Zip Code **33702**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/19/02

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:

SIGNATURE REQUIRED
COURTNEY HAMILTON **11/19/02 (727) 577-2004**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)