

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S56150**

1. Corporation Name

HAMILTON PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

333 FIRST STREET NE

Suite, Apt. #, etc.

SUITE F

City & State

ST PETERSBURG, FL

Zip

33701

Country

USA

3. Mailing Office Address

333 FIRST STREET NE

Suite, Apt. #, etc.

SUITE F

City & State

ST PETERSBURG, FL

Zip

33701

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 25, 1991

5. FEI Number

593070283

☐ 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

COURTNAY C. HAMILTON

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

333 FIRST STREET NE

Suite, Apt. #, Etc.

SUITE F

City

ST PETERBURG

State

FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date 08/05/2011

**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
P/D	MARK GARIEPY	333 1ST ST NE, STE F	ST PETERSBURG/FL/33701
VP/T/D	COURTNAY C HAMILTON	333 1ST ST NE, STE F	ST PETERSBURG/FL/33701
S/D	KELLY HAMILTON	333 1ST ST NE, STE F	ST PETERSBURG/FL/33701

10. E-mail Address: KHAMILTON@BEACHDRIVERETAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/05/2011

Date

727-510-2570

Daytime Phone #

FILED

11 AUG 22 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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