

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 DEC 14 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 697378

1. Corporation Name

HILL CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

18460 S.W. 82ND AVENUE  
MIAMI FL 33157

18460 S.W. 82ND AVENUE  
MIAMI FL 33157

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

REINSTATEMENT

9800

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/03/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2118288	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	HILL, WALTER	10891 SW 156 ST	MIAMI FL
SD	HILL, EARTHA L	10891 SW 156 ST	MIAMI FL
			500002715505--5 -12/18/98--01019--007 ****150.00 ****150.00
			500002715505--5 -12/18/98--01019--008 ****608.75 ****608.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHOOS, S. SCOTT, ESQ. 1007 CARABBEAN BLVD STE 314 MIAMI FL 33189		15600 S.W. 288 Street Suite 312 HUNTERHOD, FL 33033	
Name		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		City	
State		Zip Code	
FL			

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 *[Signature]* Date 11/23/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 305 835-8510  
Date Daytime Phone #