

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAY 23 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

743189  
Hillcrest BY the SEA, INC. *Assudes*

**REINSTATEMENT** ID-11

100204239341  
04/25/11--01053--013 \*\*236.25

CR2E081 (6/10)

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

3. Mailing Office Address

9165 COLLINS AVE

SAUG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE FL

City & State

Zip

Country

33154

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1979

5. FEI Number

59-1916818

☐ 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

JERRY MNACEK

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

9165 COLLINS AVE

Suite, Apt. #, Etc.

~~SAUG~~ H207

City

SURFSIDE

State

FL

Zip Code

33154

100204239341  
05/23/11--01043--001 \*\*61.25

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

4/20/11

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	SAUGHER, DAVID	9165 COLLINS	SURFSIDE FL 33154
VP	MATOUK, WILLIAM	"	"
S/T	MNACEK, JERRY	"	"
D	SAAD, FAYE	"	"
D	KOUSOULAS, GEORGE	"	"

10. E-mail Address:

J.MNACEK@JUNO.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/11 365  
865 846P