

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P94000081581**

1. Corporation Name
K.L. HILL MASONRY INCORPORATED

Principal Place of Business	Mailing Address
16515 NW 203RD STREET OKEECHOBEE FL 34972 US	16515 NW 203RD STREET OKEECHOBEE FL 34972 US

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

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.		11/07/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0542054	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 15 PM 2:24

100003053411--B
 -11/24/99--01006--017
 ****400.00 ****400.00



8/10/99 90024 0 31 150.00

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	4. City / State / Zip
D	HILL, KEVIN L	16515 NW 203RD ST	OKEECHOBEE FL 34972
D	HILL, DEBORAH E	16515 NW 203RD ST	OKEECHOBEE FL 34972

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HILL, KEVIN LANCE 16515 NW 203RD STREET OKEECHOBEE FL 34972		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *Kevin L Hill* Date: 10/19/99
 REGISTERED AGENT MUST SIGN

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: *Kevin L Hill* Date: 10/19/99 Daytime Phone #: 9561-260-0537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20200 (8/99)

— Please Do Not Detach —

K.L. Hill Masonry, Inc.
16515 NW 203rd Street
Okeechobee, FL 34972
941.357-1299

October 19, 1999

Division of corporations
Annual Report
PO Box 6327
Tallahassee, FL 32314-6326

Upon my conversation over the phone October 19, 1999 @ 9:00am I was advised to write this letter. I was advised by phone to pay an additional \$400.00 for my corporate report. I had already mailed in the \$150.00 along with the report. Unfortunately I did not keep a copy of the report but I do have a copy of the cancelled check.

I never received a letter of rejection in August. If I had received that letter I would of contacted you sooner. I did write you a letter in September because I had not received my certificate of status.

Thank You

Debbie Hill

Debbie Hill

Also this was filed when
I gave you the check for
\$150.00 o!