

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

APPROVED
AND
FILED
02 JAN 17 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009058

1. Limited Liability Company's Name

HILL ENTERPRISES, L.L.C.

REINSTATEMENT

2001-
2002

2. Principal Office Address

3540 Main Highway

Suite, Apt. #, etc.

City & State

Coconut Grove, FL 331

Zip

33133

Country

USA

3. Mailing Office Address

c/o REMAX REALTY

Suite, Apt. #, etc.

3560 Main Highway

City & State

Coconut Grove, FL

Zip

33133

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

07/31/00

6. FEI Number

65-1037176

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Louis J. Terminello

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

Terminello & Terminello, P.A., 2700 S.W. 37th Avenue

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

01/11/02

Louis J. Terminello REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Dave Hill	3560 Main Highway	Coconut Grove, FL 33133
Managing Member	Louis J. Terminello	2700 S.W. 37th Avenue	Miami, FL 33133

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****200.00 ****200.00

JB
1-17-02

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

01/11/02

Daytime Phone# (305) 444-5002

Louis J. Terminello, Managing Member

Typed or printed name of signing Managing Member/Manager

CR2EM1 (9/01)