

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000009058

**1. Limited Liability Company's Name**

Hill Enterprises, LLC

800024639928

11/13/03--01051--021 \*\*150.00

**2. Principal Office Address**

2700 S.W. 37th Avenue

**3. Mailing Office Address**

2700 S.W. 37th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

**4. State/Country of Formation**

Florida

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

July 31, 2000

**6. FEI Number**

651037176

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.

Suite, Apt. #, Etc.

2700 S.W. 37th Avenue

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

Date 11/06/03

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
Mgrm	Dave Hill	2700 S.W. 37th Avenue	Miami, FL 33133
Mgrm	Louis J. Terminello	2700 S.W. 37th Avenue	Miami, FL 33133

**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

Date 11/06/03

Daytime Phone# (305) 444-5002

Typed or printed name of signing Managing Member/Manager Louis J. Terminello

CR2E041 (10/02)

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**TERMINELLO & TERMINELLO, P.A.**

ATTORNEYS AT LAW

2700 S.W. 37 AVENUE  
MIAMI, FLORIDA 33133-2728

LOUIS J. TERMINELLO\*  
E-MAIL: ljt@terminello.com  
NANCY TERMINELLO\*\*  
E-MAIL: nancy@terminello.com

(305) 444-5002  
FAX: (305) 448-5566  
General Office E-mail: ctt@terminello.com  
Website: www.terminello.com

ALSO ADMITTED IN:

PLEASE REPLY TO:  
MIAMI

\*NEW YORK  
\*WASHINGTON, D.C.

\*\*NEW YORK

ELI GUERRIERI  
LICENSING ADMINISTRATOR  
E-MAIL: eguerrieri@terminello.com

BROWARD OFFICE  
2455 HOLLYWOOD BLVD.  
SUITE 118  
HOLLYWOOD, FL 33020  
(954) 929-9600

DANIELLE M. TERMINELLO  
LEGAL ASSISTANT  
E-MAIL: danielle@terminello.com

KIRSTEN MOEHLINKAMP  
LAW CLERK  
E-MAIL: kirsten@terminello.com

MICHAEL H. TARKOFF  
LITIGATION SUPPORT  
E-MAIL: mtarkoff@terminello.com

November 7, 2003

Florida Department of State  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, FL 32314

RE: Hill Enterprises, LLC  
L00000009058

Dear Sir or Madam:

Enclosed please find a Limited Liability Company Reinstatement Report for the above captioned. Please note that the business has closed and therefore my client did not receive the annual report form for 2003. Enclosed please find my client's check in the amount of \$150.00 as and for your fee for same. Thank you for your kind consideration in this matter. Of course, should you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

  
Nancy Terminello

NT/nt  
Encls. as stated

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