


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
01-02 UBR



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

FILED
 02 JAN 29 PM 2:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 342544
 1. Corporation Name
 Hillsman Modular Molding, Inc

2. Principal Office Address 320 Knox McKrae Dr Suite, Apt. #, etc.		3. Mailing Office Address 320 Knox McKrae Dr Suite, Apt. #, etc.	
City & State Titusville FL		City & State Titusville FL	
Zip 32780	Country USA	Zip 32780	Country USA

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida 3-6-69

5. FEI Number 59-1269924
 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 Rodney Hillsman	70000491137 --5 -02/12/02--01043--005
Street Address (P.O. Box Number is Not Acceptable) 2935 King Fisher Way	****300.00 ****300.00
Suite, Apt. #, Etc.	70000491137 --5 -02/12/02--01043--006
City Mims	State FL Zip Code 32754 ****8.75 ****8.75

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 Rodney Hillsman Date 1-28-02
 REGISTERED AGENT MUST SIGN

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. D	Rodney Hillsman	2935 King Fisher Way	Mims FL 32754
V.P. D	Sherry L Spear	1586 N. Carpenter Rd	Titusville FL 32796
ST D	Pamela K Myers	3411 Owl's Wood Way	Titusville FL 32780
D	Cyrus C Hillsman	3401 Lariat Lane	Orlando FL 32826

10. 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: Pamela K Myers Pamela K Myers 1-28-02 (321)269-9040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/01)

2 of 2



HILLSMAN MODULAR MOLDING, INC.

320 Knox McRae Drive Titusville, Fl 32780 (321)269-9040 Fax (321)269-6420

1/28/02

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fl 32399

RE: Hillsman Modular Molding
Document Number: 342544

Dear Sir of Madam:

Please be advised that previous notices sent in 2001 in reference to the above referenced corporation were not received by me. I am therefore requesting the late fee for the corporation to be waived. I have enclosed the following documents for your review and approval:

1. Check in the amount of \$300.00 to reinstate the corporation
2. Check in the amount of \$8.75 for a certificate of good standing
3. Complete Reinstatement Form

If there are any questions of comments, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Hillsman".

Rodney Hillsman