

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUN 22 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **594840**

1. Corporation Name

JAMES M. HILL PA

Principal Place of Business

Mailing Address

2 Grove Isle Drive - Apt. 501
 Coconut Grove, FL 33133-4102

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 85-98

4. Date Incorporated or Qualified To Do Business in Florida

12/20/78

5. FEI Number

11-2233404

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P	James M. Hill	2 Grove Isle Dr. - Apt. 501	Coconut Grove, FL 33133
D,S	Sara Hill	2 Grove Isle Dr. - Apt. 501	Coconut Grove, FL 33133
			500002571345--9 06/24/98-01077-010 ***2078.75 ***2078.75

8. Name and Address of Current Registered Agent

Sara Hill
 2 Grove Isle Dr. - Apt. 501
 Coconut Grove, FL 33133-4102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Sara Jones Hill
 REGISTERED AGENT MUST SIGN

Date

June 10, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara Jones Hill, Sec.

Date

Daytime Phone #

6/10/98 (385) 854-2669

CFR2040 (1/98)