

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
 98 DEC 14 PM 2:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **697378**
 1. Corporation Name
HILL CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
 18460 S.W. 82ND AVENUE 18460 S.W. 82ND AVENUE
 MIAMI FL 33157 MIAMI FL 33157

REINSTATEMENT

9800

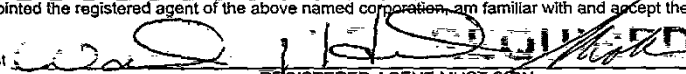
If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **08/03/1981**
 5. FEI Number **59-2118288** 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HILL, WALTER	10891 SW 156 ST	MIAMI FL
SD	HILL, EARTHA L	10891 SW 156 ST	MIAMI FL
			500002715505--5 -12/18/98--01019--008 ****150.00 ****150.00
			500002715505--5 -12/18/98--01019--008 ****608.75 ****608.75


8. Name and Address of Current Registered Agent
CHOOS, S. SCOTT, ESQ.
 1007-CARABBEAN BLVD 15600 S.W. 288 Street
~~STE 311~~ Suite 312
 MIAMI FL 33189 HUNTSWOOD, FL 33083

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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  Date **11/23/98**
 REGISTERED AGENT MUST SIGN

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)(f), 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:  11/23/98 305 835-8510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22840 (8/98)