

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

**REINSTATEMENT** 9800

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

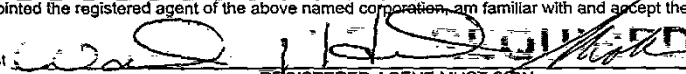
Principal Place of Business Mailing Address  
 18460 S.W. 82ND AVENUE 18460 S.W. 82ND AVENUE  
 MIAMI FL 33157 MIAMI FL 33157

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/03/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2118288	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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		9. Name and Address of New Registered Agent	
CHOOS, S. SCOTT, ESQ. 1007-CARABBEAN BLVD 15600 S.W. 288 Street STE 311 Suite 312 MIAMI FL 33189 HUNTSWOOD, FL 33083		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)