

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAY 23 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 743189 *Assudes*  
1. Corporation Name Hillcrest BY THE SEA, INC.

**REINSTATEMENT ID-11**

**100204239341**  
04/25/11--01053--013 \*\*236.25

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box # <u>9165 COLLINS AVE</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SURFSIDE FL</u>		City & State	
Zip <u>33154</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>1979</u>	
5. FEI Number <u>59-1916818</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>JERRY MNACEK</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>9165 COLLINS AVE</u>			
Suite, Apt. #, Etc. <u><del>SURFSIDE</del> #207</u>			
City <u>SURFSIDE</u>	State <u>FL</u>	Zip Code <u>33154</u>	

100204239341  
05/23/11--01043--001 \*\*61.25

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 [Signature] Date 4/20/11  
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	<u>SAWYER, DAVID</u>	<u>9165 COLLINS</u>	<u>SURFSIDE FL 33154</u>
VP	<u>MATOUK, WILLIAM</u>	<u>"</u>	<u>"</u>
S/T	<u>MNACEK, JERRY</u>	<u>"</u>	<u>"</u>
D	<u>SAAD, FAYE</u>	<u>"</u>	<u>"</u>
D	<u>KOUSOULAS, GEORGE</u>	<u>"</u>	<u>"</u>

10. E-mail Address: J.MNACEK@JUNO.COM  
(To be used for future annual report notification)

11. 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. I further certify, 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] JERRY MNACEK Date 4/20/11 365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR