


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000007505	
1. Entity Name HILL TOP ACQUISITION CORPORATION	

Principal Place of Business 6088 MAIN AND MILL STREETS MIAMIVILLE, OH 45147	Mailing Address 6088 MAIN AND MILL STREETS MIAMIVILLE, OH 45147
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 DEC 30 PM 5:01
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



4. FEI Number 51-0560789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Carol Record</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Carol Record Assistant Secretary <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KAISER, BARRIE 6088 MAIN AND MILL STREETS MIAMIVILLE, OH 45147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaiser, Barrie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, ROD 6440 SOUTH WASATCH BLVD., SUITE 305 SALT LAKE CITY, UT 84121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800137568978 11/03/08--01047--006 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHILLINGER, DOUGLAS 6440 SOUTH WASATCH BLVD., SUITE 305 SALT LAKE CITY, UT 84121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MURTA, JOHN 6088 MAIN AND MILL STREETS MIAMIVILLE, OH 45147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Murta, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEAR, JAY MD 6440 SOUTH WASATCH BLVD., SUITE 305 SALT LAKE CITY, UT 84121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHURAB, JAMES 6088 MAIN AND MILL STREETS MIAMIVILLE, OH 45147 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schwab, James 6088 Main & Mill Streets Miamiville, OH 45147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>John Murta</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	10/31/08 (513) 239-2356 <small>Date Daytime Phone #</small>