

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92524**

1. Corporation Name

BILL HILL'S AUTOMOTIVE ENTERPRISES, Inc.

2. Principal Office Address

523 13th ST

Suite, Apt. #, etc.

3. Mailing Office Address

255 PARROTT Rd

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

DEFUNIAK SPRINGS

Zip

34769

Country

OSCEOLA

Zip

32435

Country

WALTON

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-85

5. FEI Number

592622136

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANNE Christopher

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

255 PARROTT Rd.

Suite, Apt. #, Etc.

City

Defuniak Springs

State

FL

Zip Code

32435

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

Anne Christopher

REGISTERED AGENT MUST SIGN

Date **12-12-02**

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
PRES- VP	Anne Christopher	255 PARROTT Rd.	Defuniak Spgs, FL 32435
Sec Trea.			

10. 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: **Anne Christopher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-02 850-892-7700

Date

Daytime Phone #

CR2E081 (9/01)