

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112006 REIN-P CR2E098 (11/05)

4. FEI Number 59-2679070 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # J09246
1. Entity Name
HILL & PONTON, P.A.



Principal Place of Business Mailing Address
605 E. ROBINSON ST. SUITE 500 605 E. ROBINSON ST. SUITE 500
P.O. BOX 2673 P.O. BOX 2673
ORLANDO, FL 32802 ORLANDO, FL 32802

2. Principal Place of Business 3. Mailing Address
605 E. ROBINSON ST. P.O. Box 2630
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 250 DAYTONA BEACH, FL
City & State City & State
ORLANDO, FL DAYTONA BEACH, FL
Zip 32802 Country ORANGE Zip 32115 Country VOLUSIA

6. Name and Address of Current Registered Agent
HILL, BRIAN DONOVAN
103 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent
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 *[Signature]* - 1/1/11 DATE 10/11/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILL, BRIAN DONOVAN 103 OCEAN SHORE BLVD. ORMOND BEACH, FL 321765734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300080881038 10/16/06--01051--011 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PONTON, CAROL 103 OCEAN SHORE BLVD. ORMOND BEACH, FL 321765734 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* - 1/1/11 DATE 10/11/06 Daytime Phone # 386-257-2100

10/20/06