

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV -7 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J30626

1. Corporation Name  
HILLKIM INCORPORATED

Principal Place of Business  
14150 S.W. 84TH STREET  
APT. 1-101  
MIAMI FL 33183

Mailing Address  
14150 S.W. 84TH STREET  
APT. 1-101  
MIAMI FL 33183



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
13374 SW 128 ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
13374 SW 128 STREET  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business In Florida 08/25/1986

City & State  
Miami, FL  
Zip 33186 Country Dade

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Miami, FL  
Zip 33186 Country Dade

5. FEI Number 59-2715219 Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☐ \$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
PTD	CANTON, MICHAEL	14150 S.W. 84TH STREET	MIAMI FL 33183
D	CANTON, HILLARY	14150 S.W. 84TH STREET	MIAMI FL 33183
VSD	CANTON, RITA	14150 S.W. 84TH STREET	MIAMI FL 33183
D	CANTON, KIMBERLEY	14150 S.W. 84TH STREET	MIAMI FL 33183

REINSTATEMENT

8. Name and Address of Current Registered Agent

STEWART, BONNARAE  
13350 S W 126TH STREET  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name  
WINSTON LOWE  
Street Address (P.O. Box Number Is Not Acceptable)  
13374 SW 128 ST  
Suite, Apt. #, Etc.  
City Miami  
7000002344987-2  
-11/12/97 State of Florida  
\*\*\*\*750.00 FL 13374836

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/5/97

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)(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:

*[Signature]*

MICHAEL CANTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97

Date

Daytime Phone #

CR20040 (9/97)