1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009058

1. Limited Liability Company's Name
Hill Enterprises, LLC

800024639928
11/13/03--01051--021 **150.00

2. Principal Office Address		**3.** Mailing Office Address	
2700 S.W. 37th Avenue		2700 S.W. 37th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: July 31, 2000

6. FEI Number: 651037176 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Louis J. Terminello

Street Address (P.O. Box Number is Not Acceptable): Terminello & Terminello, P.A.

Suite, Apt. #, Etc.: 2700 S.W. 37th Avenue

City: Miami | State: FL | Zip Code: 33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/06/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Dave Hill	2700 S.W. 37th Avenue	Miami, FL 33133
Mgrm	Louis J. Terminello	2700 S.W. 37th Avenue	Miami, FL 33133

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/06/03 Daytime Phone # (305) 444-5002

Typed or printed name of signing Managing Member/Manager: Louis J. Terminello

2 of 2

TERMINELLO & TERMINELLO, P.A.
ATTORNEYS AT LAW

2700 S.W. 37 AVENUE
MIAMI, FLORIDA 33133-2728

(305) 444-5002
FAX: (305) 448-5566
General Office E-mail: ctt@terminello.com
Website: www.terminello.com

PLEASE REPLY TO:
MIAMI

LOUIS J. TERMINELLO*
E-MAIL: ljt@terminello.com
NANCY TERMINELLO**
E-MAIL: nancy@terminello.com

ALSO ADMITTED IN:

*NEW YORK
*WASHINGTON, D.C.

**NEW YORK

ELI GUERRIERI
LICENSING ADMINISTRATOR
E-MAIL: eguerrieri@terminello.com

BROWARD OFFICE
2455 HOLLYWOOD BLVD.
SUITE 118
HOLLYWOOD, FL 33020
(954) 929-9600

DANIELLE M. TERMINELLO
LEGAL ASSISTANT
E-MAIL: danielle@terminello.com

KIRSTEN MOEHLENKAMP
LAW CLERK
E-MAIL: kirsten@terminello.com

MICHAEL H. TARKOFF
LITIGATION SUPPORT
E-MAIL: mtarkoff@terminello.com

November 7, 2003

Florida Department of State
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, FL 32314

RE: Hill Enterprises, LLC
L00000009058

Dear Sir or Madam:

Enclosed please find a Limited Liability Company Reinstatement Report for the above captioned. Please note that the business has closed and therefore my client did not receive the annual report form for 2003. Enclosed please find my client's check in the amount of $150.00 as and for your fee for same. Thank you for your kind consideration in this matter. Of course, should you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

Nancy Terminello

NT/nt
Encls. as stated

N:\Data_K-Q\NANCY\Florida dept of state ltr.wpd