

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

250.00  
10-1-04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR -3 AM 10:46

**DOCUMENT # L03000037768**

**1. Limited Liability Company's Name**

Hilltop Mutual Investment, LLC

500068100765  
03/20/06--01019--009 \*\*200.00

500068100765  
03/20/06--01019--008 \*\*50.00

CR2E041 (8/05)

**2. Principal Office Address**

2328 Tenth Avenue North

Suite, Apt. #, etc.

Suite 403

City & State

Lake Worth, Florida

Zip

33461

Country

USA

**3. Mailing Office Address**

2328 Tenth Avenue North

Suite, Apt. #, etc.

Suite 403

City & State

Lake Worth, Florida

Zip

33461

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

10/2/03

**6. FEI Number**

☒ 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

Christopher Korb

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

709 Bond Way

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

**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

REGISTERED AGENT MUST SIGN

Date

**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	Christopher Korb	709 Bond Way	Delray Beach, FL 33483

REINSTATEMENT 04-06

**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

1/6/06

Daytime Phone # 561-547-2860

Typed or printed name of signing Managing Member/Manager

Christopher Korb