

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00  
10-1-04

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:03

CR2E041 (8/05)

**DOCUMENT #**

L030000 52409

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

Hill's Construction L.L.C.

**2. Principal Office Address**

177 N. Lake Drive

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34788

Country

U.S.

**3. Mailing Office Address**

Post Office Box 490324

Suite, Apt. #, etc.

City & State

LEESBURG, FL

Zip

34748

Country

U.S.

**4. State/Country of Formation**

FLORIDA

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

December 12, 2003

**6. FEI Number**

83-0342442

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

BRET HILL

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

177 N. LAKE DR.

Suite, Apt. #, Etc.

City

LEESBURG

State  
FL

Zip Code

34788

**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

*[Signature]*

Date

2/18/06

REGISTERED AGENT MUST SIGN

**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	BRET HILL	177 N. LAKE DR.	LEESBURG, FL 34788
			600069161876 03/31/06--01032--014 **250.00
			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

*[Signature]*

Date

2/18/06

Daytime Phone #

552-267-6356

Typed or printed name of signing Managing Member/Manager BRET HILL