

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 NOV 16 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000058409

1. Limited Liability Company's Name

**Hill Commercial Capital LLC,**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 259 East 7th Avenue		3. Mailing Office Address 259 East 7th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee Florida		City & State Tallahassee Florida	
Zip 32303	Country USA	Zip 32303	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/16/2009	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Jay Hill			
Street Address (P.O. Box Number is Not Acceptable) 259 East 7th Avenue			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32303	

800213130958  
11/16/11--01020--012 \*\*138.75  
jay@hillmortgagemod.com  
(To be used for future annual report notices)

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 10-10-2011

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	Jay Hill	259 East 7th Avenue	Tallahassee Florida 32303

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**REINSTATEMENT 2010-11**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 10-10-2011 Daytime Phone # 850 528 5658

Typed or printed name of signing Managing Member/Manager

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