

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006443

1. Corporation Name

HILTON FAMILY FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

4116 HWY 231 NORTH

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32404

Country

Bay

3. Mailing Office Address

4116 HWY 231 NORTH

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32404

Country

Bay

7. Name and Address of Current Registered Agent

Name

Julie K. Hilton

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

11127 Front Beach Road

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Julie K. Hilton

REGISTERED AGENT MUST SIGN

Date **11/6/12**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Hilton, L. Charles Jr.	4116 Hwy 231 North	Panama City, FL 32404
DST	Hilton, Lela	11127 Front Beach Road	Panama City Beach, FL 32407
DVP	Hilton, Julie K.	11127 Front Beach Road	Panama City Beach, FL 32407
DAT	Humble, Robert Nixon	4116 Hwy 231 North	Panama City, FL 32404
D	Khan, Cody	11127 Front Beach Road	Panama City Beach, FL 32407
DVP	Kolk, Jacalyn N.	4116 Hwy 231 North	Panama City, FL 32404

10. E-mail Address: **Julie.Hilton@paradisefound.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:

Julie K. Hilton DVP Julie K. Hilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/6/12**

850-230-4043
Daytime Phone #

FILED
12 NOV 20 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700242003087
11/20/12--01029--004 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/2001

5. FEI Number

593748610

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

NOV 21 2012
T. SCOTT
REINSTATEMENT
B.

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**CORPORATION REINSTATEMENT
OF
HILTON FAMILY FOUNDATION, INC.**

9. Names and Street Addresses of Each Officer and/or Director cont'd

<u>Titles</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address</u>	<u>City/State/Zip</u>
D	Bense, Allan G.	4116 Hwy 231 North	Panama City, FL 32404