

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06, 07, '08 + 09

DOCUMENT # N05000002313

1. Corporation Name

Hill Family Awareness & Academic Foundation, Inc.

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

440 N. W. 34th Avenue

3. Mailing Office Address

440 N. W. 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33311

Country

Broward

Zip

33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2005

5. FEI Number
74-3146301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James O. Hill, Sr.

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

450 NW 34th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale, Florida

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

James O. Hill

REGISTERED AGENT MUST SIGN

Date March 07, 2009

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
D / P	James O. Hill, Sr.	450 NW 34th Avenue	Fort Lauderdale, FL 33311
D	Eva H. Hill	450 NW 34th Avenue	Fort Lauderdale, FL 33311
D	Joe Dan Osciola	6331 Green Street	Hollywood, FL 33024
D	Warren Burch	440 NW 34th Avenue	Fort Lauderdale, FL 33311

900145546139
03/11/09 01027-003 **245.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

James O. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2009

Date

954-583-6452

Daytime Phone #

Thurs 3/11/09