PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001724

1. Corporation Name

HILLCREST INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4134 GULF OF MEXICO DR. SUITE 201 LONGBOAT KEY FL 34228	4134 GULF OF MEXICO DR. SUITE 201 LONGBOAT KEY FL 34228

REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4134 GULF OF MEXICO DR.	4134 GULF OF MEXICO DR
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: LONGBOAT KEY, FL	City & State: LONGBOAT KEY, FL
Zip: 34228 Country: USA	Zip: 34228 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/1999

5. FEI Number: 65-0976890 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WHALEN, JOSEPH J	4134 GULF OF MEXICO DR. ~~#201~~ 203	LONGBOAT KEY FL 34228
DV	DANIELS, HARVE	~~600 CONRAD PLACE~~ 4134 GULF OF MEXICO DR. STE 203	~~CLEVELAND MS 38732~~ LONGBOAT KEY, FL 34228
DST	WHALEN, JACQUELINE A	4134 GULF OF MEXICO DR. ~~#201~~ 203	LONGBOAT KEY FL 34228
			LS
			100004691581--4
			-11721701--01039--004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WHALEN, JOSEPH J 4134 GULF OF MEXICO DR. SUITE 201 LONGBOAT KEY FL 34228	Name: JOSEPH J. WHALEN Street Address (P.O. Box Number is Not Acceptable): 4134 GULF OF MEXICO DR. Suite, Apt. #, Etc.: SUITE 203 City: LONGBOAT KEY State: FL Zip Code: 34228

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/16/01
REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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: SIGNATURE REQUIRED JOSEPH J. WHALEN — 10/16/01 — 941-387-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #