

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000034198

1. Corporation Name

HILLTECH, INC.

Principal Place of Business

320 N KNOWLES AVE
WINTER PARK FL 32789

Mailing Address

516 SYLVAN DRIVE
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

320 N. Knowles Ave
Winter Park, FL
32789 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/2000

5. FEI Number

59-3652400

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



5/5/03 91866 023 150.00

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
P	COTTRILL, CHRIS	110 E. HILLCREST ST.	ORLANDO FL 32801

REINSTATEMENT

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8. Name and Address of Current Registered Agent

COTTRILL, CHRIS
110 E. HILLCREST ST
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Chris Cottrell
SIGNATURE REQUIRED

Date 11/30/03

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

Chris Cottrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/03 407-843-1681

CR2E040 (7/03)

November 30, 2003

Christopher L. Cottrill
320 North Knowles
Winter Park, Florida 32789

Re: Hilltech, Inc.
FIN: 59-3652400

Dear Sir or Madam:

On April 30, 2003, I mailed my 2003 Uniform Business Report, along with a check in the amount of \$150, for the above referenced entity. At that time, I only changed the mailing address, not the registered agent on this form.

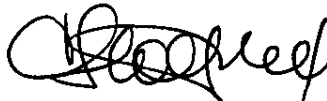
Last week I received a Notice of Administrative Dissolution or Revocation that was forwarded to me from my old address. I never received a rejection letter.

On November 14, 2003, I spoke to Tina at the Florida Department of State, Division of Corporations. She suggested that I send you the following information and ask for reinstatement:

- Copy of the Certified Mail Receipt
- Copy of the cancelled check
- Completed reinstatement form
- Letter of explanation

Please reinstate my active corporate status and change my mailing address upon receipt of this letter.

Respectfully submitted,



Christopher L. Cottrill

CLC:mmw
Enclosures

PFPC Check Image System - Check Printing Window

59-3652400

11/20/2003 9:21 AM

CHRISTOPHER L. GOTTRILL 110 EAST HILLCREST STREET ORLANDO, FL 32801		A.A. FORTNEY & SONS, INC. P.O. BOX 100000 WILMINGTON, DE 19808	80113917 165 02/13/01
PAY TO THE ORDER OF <u>Florida Department Of State</u>		020193196 405 11 6498 6467	4/26/2003
One Hundred Fifty and 00/100		\$ 150.00	
MEMO: <u>HVtech Inc., #58-3652400, UBR</u>		ALLEGHENY COUNTY WV	
15002326		15000015000	

FMBP: *HPCP-GROUP 020193196 031000040 020193196 05-21-03	MAY 05 2003 DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 1000000000
PROCESSED 2400467163 3700243710	MAY 05 2003 BANK OF AMERICA NA 15000015000

Account	Serial	Sequence	Paid Date	Amount
1950002326	1650	0024467163	05/21/2003	\$150.00

593652400

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Hilltech CUBRI USE	
Postage	\$ 37
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.12
<div style="display: flex; justify-content: space-between;"> <div> <p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p> </div> <div> <p>Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <p>PS Form 3800, January 2001</p> <p>See Reverse for Instructions</p> </div>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X Kenneth A. Colston</p> <p>B. Received by (Printed Name) Kenneth A. Colston</p> <p>C. Date of Delivery MAY 1 2001</p> <p>Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 2510 0002 3531 6000</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> <p>Hilltech UBR</p>	