

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000053327**

1. Corporation Name
3680 HILLSIDE ASSOCIATES, INC.

2. Principal Office Address
125 E. MERRITT ISLAND CSWY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
209153

Suite, Apt. #, etc.

City & State
MERRITT ISLAND FL

City & State

Zip Country
32952 USA

Zip Country

4. Date incorporated or Qualified To Do Business in Florida
5/30/01

5. FEI Number **59-3721764**

Applied For
Not Applicable

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

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

John L. Soileau

Street Address (P.O. Box Number is Not Acceptable)
3490 North US Highway 71

Suite, Apt. #, Etc.

City
Cocoa

State
FL

Zip Code
32926

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

REGISTERED AGENT MUST SIGN

Date **6/1/04**

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	CHARLES A. FISCHER II	125 E. MERRITT ISLAND CSWY SUITE 209153	MERRITT ISLAND FL 32952
D	ANTHONY SCIACCA JR	SAME	
D	RUDY J DUBOVEL	SAME	
D	JOSEPH R. CARELLO	SAME	100037671581 06/04/04--01059--012 **1050.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

MEJ.

321 459 9998

CR2E081 (01/04)