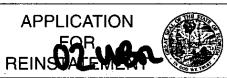
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION CORPORATIONS

P01000068565 DOCUMENT

1. Corporation Name

HYLTON ASSOCIATES, INC.

Principal	Place of	Business

Mailing Address

1449 SACKETT CIR ORLANDO FL 32818 1449 SACKETT CIR ORLANDO FL 32818

1

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

2. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Date Incorporated or Qualified To Do Business in Florida

07/09/2001 5. FEI Number

FILED

02 DEC 23 PH 1: 01

CRETARY OF STATE LAMASSLE, FLOTES

Applied For Not Applicable

Ζ ί ρ	- Country - Zip		/ -	CERTIFICATI	E OF STATUS DESIRED	58.75Additional-Fee req for a Certificate of Stat	uired us
7. Names	and Street Addresses of Each Officer and/or Director (Flo.	rida nonprofit corpora	tions must list	at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors		et Address o icer and/or Di		City	/ State / Zip	
D	HYLTON, ROHAN	1449 SACKETT (CIR		ORLANDO FL 32818		
	Hylton, Vanessa (VP)	1449 Sad	cett i	Circle	orlando	Florida 328	18
				80	 0008643	1088	
				10/29/	1 020102301	3 **158.75	
		-					
	8. Name and Address of Current Registered Age	nt 🗻 🖂	-	- 9. Name and	Address of New Register	red Agent	
HYLTO	on, rohan		Name	/0.0 B N			

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

Suite, Apt. #, Etc.

City

State 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

1449 SACKETT CIR ORLANDO FL 32818

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 filling 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:

—	
	Rohan Hylton
	Hylton and Associates inc.
<u> </u>	1449 SACKETT CIRCLE
	Orlando, Florida 32818
<u> </u>	321-303-2862
.	
D -	
	To Whom it may Concern:
.	I was informed by mail that
	the Corporation was olissolved I was
	never informed prior of this Action nor
	did = receive Any notification of An Anual
<u>'</u>	tee that was due to the State. I spoke
•	with an agent and he told me to send
	\$150.00 which is enclosed.
<u>, </u>	ARISO. DO Which is enclosed.
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·	Mohan By Hon
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