

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068565

1. Corporation Name

HYLTON ASSOCIATES, INC.

Principal Place of Business

1449 SACKETT CIR
ORLANDO FL 32818

Mailing Address

1449 SACKETT CIR
ORLANDO FL 32818



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3734329

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-----------------------|
| 1 | 2 | 3 | 4 |
| D | HYLTON, ROHAN | 1449 SACKETT CIR | ORLANDO FL 32818 |
| | Hylton, Vanessa (VP) | 1449 Sackett Circle | Orlando Florida 32818 |
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10/29/02--01023--013 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HYLTON, ROHAN
1449 SACKETT CIR
ORLANDO FL 32818

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/2002

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

321-303-2862

Date

Daytime Phone #

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Rohan Hylton
Hylton and Associates Inc.
1449 Sackett Circle
Orlando, Florida 32818
321-303-2862

To Whom it may Concern:

I was informed by mail that the Corporation was dissolved. I was never informed prior of this Action nor did I receive any notification of an Annual fee that was due to the State. I spoke with an agent and he told me to send \$150.00 which is enclosed.

Sincerely,
Rohan Hylton