

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113389

1. Corporation Name

HILLMEN INC.

Principal Place of Business

Mailing Address

400 S. TAMPA AVENUE

#8

TAMPA FL 33609

400 S. TAMPA AVENUE

#8

TAMPA FL 33609

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

2. New Principal Office Address, If Applicable

3220 West Obispo St.

Suite, Apt. #, etc.

Unit B

City & State

Tampa, Florida

Zip

33629

Country

USA

3. New Mailing Office Address, If Applicable

3220 West Obispo St.

Suite, Apt. #, etc.

Unit B

City & State

Tampa, Florida

Zip

33629

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2001

5. FEI Number

03-0409403

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Brian Hill	3220 West Obispo St. Unit B, R	Tampa FL 33629

600009020846

11/15/02--01044--003 **750.00

8. Name and Address of Current Registered Agent

HILL, BRIAN

400 S. TAMPA AVENUE

#8

TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

HILL, Brian

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

3220 West Obispo St.

Suite, Apt. #, Etc.

Unit B

City

Tampa

State

FL

Zip Code

33629

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

11/12/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02 813-839-5065

CP2E040 (8/02)