PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 17 AM 9:32

DOCUMENT # P02000000362

1. Corporation Name

DANNY HILL INC.

Principal Place of Business	Mailing Address
4485 WHISPERING INLET DR. JACKSONVILLE FL 32277	4485 WHISPERING INLET DR. JACKSONVILLE FL 32277

700024050777
10/23/03--01058--027 **150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/2002

5. FEI Number: 26-0016226 — 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 DIR	DANNY HILL	4485 WHISPERING INLET DR	JACKSONVILLE, FL, 32277
V-PRES DIR	PATRICIA HILL	4485 WHISPERING INLET DR	JACKSONVILLE, FL, 32277

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HILL, PATTI 4485 WHISPERING INLET DR. JACKSONVILLE FL 32277	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CR2E040 (7/03)

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: Patricia A Hill — Date: 10/16/03

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: Danny Hill — DANNY HILL - Pres/Dir — 10/16/03 — 904-744-0462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 17, 2003

Danny Hill Inc.
Danny Hill
4485 Whispering Inlet Dr.
Jacksonville, Fl. 32277
Doc: # P02000000362

To Whom it May Concern:

I Danny Hill never received the original notice or the second notice of the "Uniform Business Report" on my Danny Hill Inc. I just received the application for reinstatement. So I am sending it.

Thank you

Danny Hill

Danny Hill