PLEASE READ A	ALL INSTRUCTIO	NS BEFORE C	OMPLETING	THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTI Glenda E Secretary DIVISION OF CO	E. Hood of State	0	FILED 3 OCT 21 PM 2: 43	
DOCUMENT # P02000 I. Corporation Name HILL REALTY, INC.	004963		TĂ	LUME MRY OF STATE LLAHASSEE, FLORIDA	
Principal Place of Business 121 SE 40TH AVENUE DCALA FL 34471	Mailing Address 421 SE 40TH AVENUE OCALA FL 34471	AVENUE 1471		MSTATEMENT 03	
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable Suite, Apt. #, etc.	New Mailing Office Address Suite, Apt. #, etc.	ing Office Address, If Applicable 4. Date Inc. To Do Bo		prporated or Qualified siness in Florida 01/15/2002 per Applied For	
City & State Country	City & State	Country 6: CERTIFICAT		Not Approximately \$8.75 Additional Fe for a Certificate o	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit c	corporations must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors	3	Street Address of Each		City / State / Zip	
PSTD HILL, JOYCE	421 SE 40T	421 SE 40TH AVENUE		OCALA FL 34471	
			6000 10/21/03	23983316 -01127006 **150.00	
			PS 10/24		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
HILL, JOYCE 421 SE 40TH AVENUE OCALA FL 34471			P.O. Box Number is Not A	Acceptable) State Zip Code	
10. I, being appointed the registered agent of the abo	ve named corporation, am fam		bligations of Section 607		

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:

ICHATURE AND TYPED DRIPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/16/03 737=3344 Date Daytime Phone #

RICHARD A. SPAHN & ASSOCIATES, P.A.

ACCOUNTING AND TAX CONSULTANTS

Accounting and Tax Consultants 6752 Pines Blvd Pembroke, Pines, FL 33024 PHONE: (954) 430-7675 FAX: (954) 430-7674

PROFESSIONAL BUILDING 3442 S.E. LAKE WEIR ROAD SUITE B OCALA, FLORIDA 34471 PHONE: (352) 732-2104 FAX: (352) 671-5373

OCTOBER 17, 2003

FLORIDA DEPARTMENT OF STATE
DEAR MADAM/SIR:

RE: HILL REALTY, INC. P 02000004963

THE TAXPAYER HAS RECEIVED YOUR ATTACHED CORRESPONDENCE RELATING TO THE ANNUAL REPORT OF THE CORPORATION FOR 2003.

IN THIS CASE, WE HAVE EXTENUATING CIRCUMSTANCES WHICH REQUIRE CONSIDERATION ON THE STATE'S BEHALF RELATING TO THE NON-RECEIPT OF THE TAXPAYERS CHECK WRITTEN ON 04/10/03 WHICH WAS RETURNED TO MY

OFFICE IN PEMBROKE PINES ALONG WITH OTHER MAIL, NON-DELIVERED, DUE
TO BE OPENED, TORN, AND, OF COURSE, IN COMPLETE DISARRAY AS YOU COULD
INAGINE. I STILL DON'T KNOW HOW MUCH OF MY MAIL WAS NOT DELIVERED,
ONLY UNTIL I RECEIVE A PAST DUE NOTICE OR A PENALTY ASSESSMENT SUCH AS
THIS WILL I BE AWARE THAT A NON-DELIVERY PROBLEM EXISTS.

ON BEHALF OF THE TAXPAYER, I RESPECTFULLY REQUEST THAT YOU ACCEPT THE ENCLOSED TAXPAYERS CHECK AND CONSIDER THE TAXPAYER CURRENT AND ACTIVE.

RELATING TO THE AUMOLL REPORT OF THE CORPORATION TELESCOPTION

THE TAXPAYER HAS RECEIVED.

MARSHOUTEN



UNITED STATES POSTAL INSPECTION SERVICE

FLORIDA DIVISION

September 28, 2003

Richard Spahn & Associates PA Accounting & Tax Consultants 6752 Pines Blvd Pembroke Pines, FL 33024-7505

Dear Sir/Madam,

The U.S. Postal Inspection Service has examined the suspected theft of mail that wastsent by you." Enclosed you will find your mail-being-returned which was recovered during our investigation.

We regret any inconvenience you may have incurred as a result of this incident. Your assistance is requested to notify the Inspection Service of any subsequent fraudulent activity that has taken place incident to the theft of your mail. It would be prudent for you to request a courtesy copy of your credit report. Enclosed is an Identity Theft brochure for your convenience. Please send a copy of any supporting evidence that is pertinent in this case. Please let us know the exact address from where you mailed your article. For instance, did you take it to a collection box. your own mailbox, the post office, etc. All information you provide will be kept confidential. A pre-addressed postage paid envelope is enclosed for your convenience.

The security of the U.S. Mail is the objective of the U.S. Postal Inspection Service and is given our continued attention while in the custody of the U.S. Postal Service.

Sincerely,

Cesar-Ceregedox Postal Inspector

3400 LAKESIDE DRIVE, STILFLOOR TELEPHONE: 954-436-7200 FAX: 954-436-7282