

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018402

1. Corporation Name

TIM E. HILL INSURANCE AGENCY, INC.

REINSTATEMENT 03

500023829305
10/15/03--01075--006 **150.00

2. Principal Office Address
3000 E. Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
3000 E. Commercial Blvd
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, FL

Zip 33308
Country USA

Zip 33308
Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/18/2002

5. FEI Number
36-4490540

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tim E. Hill

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

3000 E. Commercial Blvd.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Tim E. Hill

Date 10/14/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Tim E. Hill	3000 E. Commercial Blvd	Ft. Lauderdale, FL 33308

10. 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:

Tim E. Hill

(Tim E. Hill)

10/14/03

(954) 202-3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

State Farm®

Providing Insurance and Financial Services

Home Office, Bloomington, Illinois 61710

**Tim E. Hill Insurance Agency, Inc.**

Tim Hill, Agent

3000 East Commercial Boulevard

Ft. Lauderdale, Florida 33308

Phone: (954) 202-3516

Fax: (954) 202-6300

E-Mail: Tim.E.Hill.LR6X@Statefarm.com

October 14, 2003

Sent Via Federal Express

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Reinstatement Department

RE: Document Number P02000018402

To Whom It May Concern:

Enclosed please find my Application for Reinstatement. I had not received any correspondence pertaining to the annual report nor did my previous registered agent, Kenneth S. Pollock, Esq., therefore, causing the dissolution/revocation.

Would you kindly accept my Application for Reinstatement, as well as the enclosed check for the annual fee of \$150.00.

Should there be any further questions, please contact me at (954) 202-3516.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "Tim E. Hill".

Tim E. Hill

Enclosures