PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -6 AM 9: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03 0000 27 486

1. Corporation Name

HILDA ENTERPRISES, INC.

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
5767 NW 151 STREET

Suite, Apt. #, etc.

City & State
MIAMI LAKES FL

Zip
33014

Country

3. Mailing Office Address
5767 NW 151 Street

Suite, Apt. #, etc.

City & State
MIAMI LAKES FL

Zip
33014

Country

4. Date Incorporated or Qualified To Do Business in Florida   3/07/2003

5. FEI Number
20686399

☐ 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
MAILIN SUJO

Street Address (P.O. Box Number is Not Acceptable)
15084 SW 172 STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33187

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 ___ MAILIN SUJO
REGISTERED AGENT MUST SIGN

Date 3/5/2008

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/D	MAILIN SUJO	15084 SW 172 STREET	MIAMI FL 33187
			600119593476 03/06/08--01046--014 **450.00
	3/7/10		

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 contained in Chapter 119, 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: ___ MAILIN SUJO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2008   305-321-2655
Date   Daytime Phone #