

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000046606

1. Entity Name
HILLTOP OF NORTHWEST FLORIDA, INC.



FILED

08 OCT -3 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
127 GLADES TURN
PANAMA CITY BEACH, FL 32407

Mailing Address
127 GLADES TURN
PANAMA CITY BEACH, FL 32407

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102008

REIN-P

CR2E098 (1/07)

4. FEI Number

20-0766194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENNER, GERALD
127 GLADES TURN
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
SENNER, GERALD E
100 CHARTRES STREET
NEW ORLEANS, LA 70116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100136608721 ☐ Change ☐ Addition
10/03/08--01042--011 **\$900.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/08

Date

Daytime Phone #