PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 10 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600098021606
04/23/07--01047--016 **450.00

CR2C0A1 (1/07)

DOCUMENT # P03000068560

1. Corporation Name
HILL ENTERPRISES OF NW FL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7715 FRONT BEACH RD	7715 FRONT BEACH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BCH, FL	City & State: PANAMA CITY BCH, FL
Zip: 32402 Country: USA	Zip: 32402 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/19/2003

5. FEI Number: 20-0041179 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: MICHAEL S. MCDUFFIE

Street Address (P.O. Box Number is Not Acceptable): 1502 SOUTH FERDON BLVD

Suite, Apt. #, Etc.

City: CRESTVIEW State: FL Zip Code: 32536

☒ 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: Michael S McDuffie Date: 01/02/2007
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	LEO F. HILL	7715 FRONT BEACH RD	PANAMA CITY BCH, FL
DVP	SELMA HILL	7715 FRONT BEACH RD	PANAMA CITY BCH, FL
DS	DARRELL FREEMAN	19665 HWY 331 SOUTH	FREEPORT, FL 32439
DT	GULCIN FREEMAN	19665 HWY 331 SOUTH	FREEPORT, FL 32439

REINSTATEMENT 05-07 B 4/13/07

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: Gulcin Freeman GULCIN FREEMAN DIRECTOR/TREASURER 3/30/07 (850) 835-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #