

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P030001004636

1. Corporation Name

CHRIS HILL INSTALLATIONS INC.

600109558176
09/18/07--01014--011 **450.00

2. Principal Office Address - No P.O. Box #
2600 NW 69TH AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARGATE, FLORIDA

City & State

Zip
33063-2074

Country
BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **02-0707374**

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
RUTH LIVERPOOL

Street Address (P.O. Box Number is Not Acceptable)
9351 WEST SAMPLE ROAD

Suite, Apt. #, Etc.

City
CORAL SPRINGS, FLORIDA

State
FL

Zip Code
33065

☒ 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

Ruth Liverpool

REGISTERED AGENT MUST SIGN

Date

9/12/2007

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
PD	CHRISTOPHER HILL	2600 NW 69TH AVENUE	MARGATE, FL 33063-2074

REINSTATEMENT 0907
RH

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:

Christopher Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/12/2007

Daytime Phone #



September 12th, 2007

RE: CHRIS HILL INSTALLATIONS INC.
2600 NW 69TH AVENUE
MARGATE, FLORIDA 33063-2074

To Whom It May Concern:

The above mentioned corporation did not receive any prior notices in regards to the renewal of their corporation. We are asking that you please waive all fees and accept the enclosed payment in the amount of \$450.00. This will bring CHRIS HILL INSTALLATION INC. up-to-date to conduct business. Thank you for your immediate attention regarding this matter.

Respectfully,

The Staff
Lass Accounting & Business Services, Inc.