PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000136357

1. Corporation Name
Springhill Holdings Inc.

100315129801
06/25/18--01041--032 **125.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
3780 NW 83rd St
Suite, Apt. #, etc.
City & State
Gainesville, FL
Zip: 32606 Country: USA

3. Mailing Office Address
3780 NW 83rd ST
Suite, Apt. #, etc.
City & State
Gainesville, FL
Zip: 32606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida
11/20/2003

5. FEI Number
20-0727284
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
Elizabeth C Sanders
Street Address (P.O. Box Number is Not Acceptable)
3780 NW 83rd Street
Suite, Apt. #, Etc
City: Gainesville State: FL Zip Code: 32606

FILED
18 JUN 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 06/15/2018
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	Elizabeth C Sanders	3780 NW 83rd Street	Gainesville, FL 32606
			JUN 27 2018
			S. YOUNG

10. E-mail Address: melissab@pcpgnv.com
(To be used for future annual report notification)

11. 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 upon 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 06/15/2018 352 377-2022
SIGNATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #