

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015291

1. Corporation Name

J. A. HILL ENTERPRISES, INC.

Principal Place of Business

7325 NW 13 BLVD
S12
GAINESVILLE FL 32601
US

Mailing Address

6650 NW 20 PL
GAINESVILLE FL 32605
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1993

5. FEI Number

59-3184289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HILL, JOHN A	6650 NW 20 PL	GAINESVILLE FL

600023820126

10/15/03--01059--022 **150.00

8. Name and Address of Current Registered Agent

HILL, JOHN A
6650 NW 20 PL
GAINESVILLE FL 32695

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of
Registered Agent

John A Hill
REGISTERED AGENT MUST SIGN

Date OCT 13 2003

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 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 under section 119.07(3)(i), 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:

John A Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

352-377-5296

Daytime Phone #

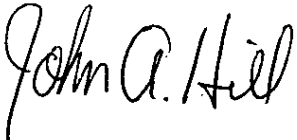
CR2E040 (7/03)

Department of State
Division of Corporations
PO Box 6327
Tallahassee Fl. 32314-6327

October 13, 2003

I have just received a notice of Administrative Dissolution or Revocation. As per the instructions to reinstate, I have not received either of the two UBR reports before this notification. The notice of dissolution or revocation came to 6650 NW 20th Pl. Gainesville, Florida 32605. I have not seen or received the two earlier UBR reports at this location. If any future ones could be sent to my Business Mailing address I would appreciate it. J.A.Hill Enterprises, Inc. P.O. Box 357344, Gainesville, Florida 32635 I am enclosing a check for \$150.00. Thank you for your help in this matter.

Respectfully,



John A. Hill
President, J.A.Hill Enterprises, Inc.
D/b/a Wood Side Lawn Care
P.O. box 357344
Gainesville, Fl 32635
