

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 26 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **093000032083**

1. Corporation Name

RISE AND DENISE HILLARD, INC

800007391798--3

-08/28/02--01045--016

******915.00 ****915.00**

2. Principal Office Address

219 SANDY CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

219 SANDY CIRCLE

Suite, Apt. #, etc.

City & State

SOUTH DAYTONA, FL.

City & State

SOUTH DAYTONA, FL.

Zip

32119

Country

USA

Zip

32119

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/05/1993

5. FEI Number

59-3189939

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

JAMES L. ROSE

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

20 N. HALIFAX

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32119

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-23-02

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
D	RICK HILLARD	219 SANDY CIR	SOUTH DAYTONA, FL 32119
D	DENISE HILLARD	219 SANDY CIR	SOUTH DAYTONA, FL 32119

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-02

Date

Daytime Phone #

CR2081 (9/01)