

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000636

1. Corporation Name

J. MICHAEL HILTON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2125 HAYES ST.
HOLLYWOOD FL 33020
US

2125 HAYES ST.
HOLLYWOOD FL 33020
US

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

2. New Principal Office Address, If Applicable

2900 GRIFFIN ROAD

Suite, Apt. #, etc.

#1

City & State

FT. LAUDERDALE

Zip

33312

Country

BRUNSWICK

3. New Mailing Office Address, If Applicable

2900 GRIFFIN ROAD

Suite, Apt. #, etc.

#1

City & State

FT. LAUDERDALE

Zip

33312

Country

BRUNSWICK

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1994

5. FEI Number

65-0456997

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HILTON, J M	2125 HAYES STREET	HOLLYWOOD FL
			000002706040--9
			-12/08/98--01039--022
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

HILTON, J M
2125 HAYES ST.
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

J. M. HILTON

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

3709 ARTHUR ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

(954) 985-1300

Daytime Phone #

REINSTATEMENT

98



98 NOV 23 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

CR25040 (9/98)