

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 4:00

DOCUMENT # P96000011826

1. Corporation Name

OFFICIAL HILLCREST, INC.

Principal Place of Business

Mailing Address

4306 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

4306 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1493708

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	PARK, SANG JOON	4306 N FEDERAL HWY	FTLAUDERDALE FL 33308
S	PARK, UN HEE	4306 N FEDERAL HWY	FTLAUDERDALE FL 33308

900004758519--6
-01/08/02--01027--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARK, SANG J
4306 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

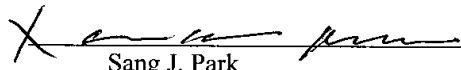
STATEMENT

The person undersigned, Sang J. Park sworn and say I did not received the Annual Return form for the Corporation, Official Hillcrest Inc, resulting in forfeiture of the corporation.

Please waive the reinstatement fee, \$650.00 and find the annual filing fee \$150.00 enclosed.

This is true, complete and correct to the best of mu knowledge.

Date: _____


Sang J. Park
Resident agent