

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine 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. 4306 N. FEDERAL HWY.
 FT. LAUDERDALE FL 33308 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	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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- AD	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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]* Date _____
 REGISTERED AGENT MUST SIGN

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]* Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

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: _____

X 
Sang J. Park
Resident agent