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REIN	STATEMENT	~ . · ·	Secretary of State sion of corporations				FI	ED	) .	
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Hills Court, Inc.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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	al Office Address 3 Somerton D	3. Mailing O		Drive	10/25/	7020 <b>7</b>	1121028	**3UU.U	IJ	
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City & State	)	City & State	<del> </del>		4. Date Incorp To Do Busin			2/98		
	ntgomery, 1	*	intgomery T	K	5. FEI Numbe		6514	<del></del>	lied For Applicable	
<sup>Zip</sup> 773	56 Country SA	Zip 713	56 Country USF	f	6.		S DESIRED 🔀			
7. Name and Address of Current Registered Agent										
	Name Kimberlee E. Ger									
:	Street Address (P.O. Box Number is Not Acceptable) 3/02 W. Dunwoodi									
:	Suite, Apt. #, Etc.					· · ·	<del> </del>			
	City	Tamp	4. FL			State FL	Zip Code 33629			
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 Date Date										
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			1	
P	Spaid, Phoebe E. 1485			rto	n DR.	Mo	ntgomer	y,Tx	7735	
VP	ERB, James L. JR. 1016 S. Sterling TAMPA, FL 33629								029	
D	Monaco, Deborah E. 4501 WATA					TAI	npa, FL	330	29	
TM	Winter, De	mise E,	2902 K	ARKI	land Bl	vd.	Tampat	Z33	609	
5	Gerdon, Ki	im berlee E	, 3102W	Du	nwoos	10	Tompat	Z 33	629	
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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.										
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SIGNATURE: Place Proche E. Spaid Sept. 21 2002 Date Destine Phone &

Zalz

Hills Court, Inc. 148 Somerton Drive Montgomery, TX 77356 gp\_spaid@lcc.net (936) 597-6902 September, 27 2002

Jim Smith Secretary of State Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

REINSTATEMENT OF HILLS COURT, INC.

## Dear Sir:

I was advised this morning by my insurance underwriter that we are in non-compliance with your department, having inadvertently failed to file our Years 2001 and 2002 Uniform Business Reports.

I immediately contacted your department by telephone to learn how we might be reinstated.

We were advised to (1) find your reinstatement form on the internet and complete it, (2) write a letter explaining why we failed to comply and request that penalty fees, etc, be waived, and (3) enclose the past due sum of \$150 for each (of two) year(s) of registration.

## REASON FOR NON-COMPLIANCE

My niece, M&Kimberlee Gerdon of Tampa, was registered as current agent with Florida residence. She changed addresses during Year 2000. The Year 2001 Uniform Business Report Filing document was not forwarded to her new address. She and we were unaware that we had not received this document and your department made no effort to contact me or any other officer of the Corporation to advise us that the document was returned as undeliverable or that we were in non-compliance.