

10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 DEC -6 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State

2000 UBR

DOCUMENT # P98000097533

1. Corporation Name
LONGHILL ENTERPRISES, INC.

Principal Place of Business 34 BAL BAY DR., STE. 12 BAL HARBOUR FL 33154	Mailing Address 34 BAL BAY DR., STE. 12 BAL HARBOUR FL 33154
--	--



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 11/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 22-3631660	
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	NORDEN, THOMAS	34 BALBA DRIVE	MIAMI FL 33154
	<i>Norden</i>	<i>34 Bal Bay Dr.</i>	
			900003505799
			-12/19/00--01053--021
			****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NORDEN, THOMAS 34 BAL BAY DR., STE. 12 BAL HARBOUR FL 33154		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 C505, F.S.

Signature of Registered Agent _____ 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.

KE

SIGNATURE: *Thomas P. Norden* **Thomas P. Norden** 11/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 968 9266

CRZEDAR 18700

P98000097533

ZdfZ

LONGHILL ENTERPRISES INC. 34 BAL BAY DRIVE. STE. 12 BAL HARBOUR FL.33154

Phone

305. 868-9266

305. 868-0862

Nov 30, 2000

DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

Dear Sir or Madam:

I am writing in regard to the notice I just received from the Florida Dept of State. Please find enclosed a check for \$150.00 for my Corporation status report. I have not received any notice from the Dept prior to this one of Revocation and Dissolution. My original report was sent back in January 2000. I am in New York and do not have access to records to see if the check was cashed. I hope this will clear the matter until I return to Miami December 6.

Sincerely,

Thomas Norden