


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1023

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 17 PM 3:34
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097533
1. Corporation Name LONGHILL ENTERPRISES INC

[Handwritten initials]

REINSTATEMENT 02-05
CR2E081 (8/05) WOP

2. Principal Office Address <u>34 Bal Bay Dr</u>		3. Mailing Office Address <u>34 Bal Bay Drive</u>	
Suite, Apt. #, etc. <u>12</u>		Suite, Apt. #, etc. <u>12</u>	
City & State <u>BAL HARBOUR</u>		City & State <u>Bal HARBOUR</u>	
Zip <u>33154</u>	Country <u>USA</u>	Zip <u>33154</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>11/19/98</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>223631660</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name THOMAS NORDEN 500061512405

Street Address (P.O. Box Number is Not Acceptable) 34 Bal Bay Drive 11/17/05--01030--013 **\$60.00

Suite, Apt. #, Etc. 12

City Bal Harbour State FL Zip Code 33154

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 [Signature] Date 11/14/05

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Thomas Norden</u>	<u>34 Bal Bay Dr apt 12</u>	<u>Bal Harbour FL 33154</u>

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.

SIGNATURE: [Signature] Date 11/14/05 Daytime Phone # 305 868 9266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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LONGHILL ENTERPRISES INC., 34 BAL BAY DRIVE, #12 BAL Harbour Fl. 33154
CONTACT: TOM NORDEN
nordent@aol.com

November 14, 2005

Dear Sir:

I am asking the Florida Department of State to waive the reinstatement fee for my corporation Longhill Enterprises, Inc. I did not receive the first or second notice for the Profit Corporation Annual Report in 2002 or any thereafter. Enclosed is a check for \$600 with my application I hope this will bring my company back in good standing as an active Florida Corporation.

**Thank you,
Thomas Norden**

President

**Longhill Enterprises Inc.
305 868-9266**

