

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith,

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101258

1. Corporation Name

HILLIKER ENTERPRISES, INC.

Principal Place of Business

500 CLEMATIS STREET
WEST PALM BEACH FL 33401

Mailing Address

500 CLEMATIS STREET
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

59-3547043

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HILLIKER, GREGROY W	104 WINDSOR COURT	ATLANTIS FL 33462
VD	HILLIKER, JEFFREY A	104 WINDSOR COURT	ATLANTIS FL 33462
D	HILLIKER, LAURA S	104 WINDSOR COURT	ATLANTIS FL 33462

8. Name and Address of Current Registered Agent

FROST, RONALD W
2854 FLORAL ROAD
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name

LAURA S HILLIKER

Street Address (P.O. Box Number is Not Acceptable)

104 WINDSOR CT

Suite, Apt. #, Etc.

City

Atlanta

State

FL

Zip Code

33462

CR2E040 (8-02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/2002

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 REQUIRED
GREGROY HILLIKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #