

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 21 AM 11:48
RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000101258*

1. Corporation Name

HILLIKER ENTERPRISES, INC

2. Principal Office Address

104 Windsor Court

Suite, Apt. #, etc.

City & State

Atlanta Florida

Zip
33462

Country

USA

3. Mailing Office Address

104 Windsor Court

Suite, Apt. #, etc.

City & State

Atlanta Florida

Zip

33462

Country

USA

REINSTATEMENT
CR2E08T (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/98

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. Name and Address of Current Registered Agent

Name

GREGORY HILLIKER

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

104 Windsor Court

Suite, Apt. #, Etc.

City

Atlanta 1

State

FL

Zip Code

33462

500076633595

*06/27/06--01022--012 **1200.00*

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

Gregory Hilliker

REGISTERED AGENT MUST SIGN

Date *6-14-06*

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
<i>P</i>	<i>GREGORY W HILLIKER</i>	<i>104 Windsor Court</i>	<i>Atlanta FL 33462</i>

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 contained in Chapter 119, 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:

Gregory Hilliker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-06 1-772-559444

Date

Daytime Phone #