

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


2008 OCT 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137017458
10/17/08--01035--013 **1500.00

CR2E081 (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111162

1. Corporation Name
Gold Hill Holdings, Inc.

2. Principal Office Address - No P.O. Box # 127 W. Fairbanks Avenue		3. Mailing Office Address 127 W. Fairbanks Avenue	
Suite, Apt. #, etc. Suite 504		Suite, Apt. #, etc. Suite 504	
City & State Winter Park, Florida		City & State Winter Park, Florida	
Zip 32789	Country USA	Zip 32789	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **12/28/1999**

5. FEI Number **52-2208245**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Anthony W. Palma, Esquire

Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue

Suite, Apt. #, Etc.
Suite 1400

City
Orlando, Florida

State
FL

Zip Code
32801

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent _____ Date _____

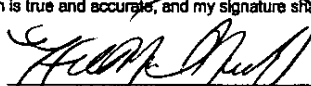
REGISTERED AGENT MUST SIGN

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
D	Stephen A. Stills	127 W. Fairbanks Avenue	Winter Park, FL 32789
TS	Kelly Muchoney	127 W. Fairbanks Avenue	Winter Park, FL 32789

REINSTATEMENT
2008

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:  **Kelly Muchoney** 10/14/08 310-457-9724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #