

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -7 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S 65638

Corporation Name

KEVIN HALF HILL HOME IMPROVEMENTS,
INC.

Principal Office Address

636 TUSCALOOSA AVE

City, Apt. #, etc.

3. Mailing Office Address

1636 TUSCALOOSA AVE

Suite, Apt. #, etc.

State

HOLLY HILL 32117

City & State

HOLLY HILL FL

Country

USA

Zip

32117

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 8 1991

5. FEI Number

59-3088172

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

KEVIN HALF HILL

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

1636 TUSCALOOSA AVE

Suite, Apt. #, Etc.

City

HOLLY HILL

State

FL

Zip Code

32117

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

Kevin Halfhill

REGISTERED AGENT MUST SIGN

Date

5/2/2001

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
Pres	KEVIN HALF HILL SR	1636 TUSCALOOSA AVE HOLLY HILL FL 32117	
P	Wendy HALF HILL	1636 TUSCALOOSA AVE	HOLLY HILL FL 32117
SC	KEVIN HALF HILL JR	1636 TUSCALOOSA AVE	HOLLY HILL FL 32117

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:

Kevin Halfhill

KEVIN HALF HILL 5/2/2001 904 547 9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #