PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

S65893

1. Corporation Name

HERBERT M. HILL, P.A.

Principal Place of Business

Mailing Address

901 NORTH MILLS AVENUE ORLANDO FL 32803

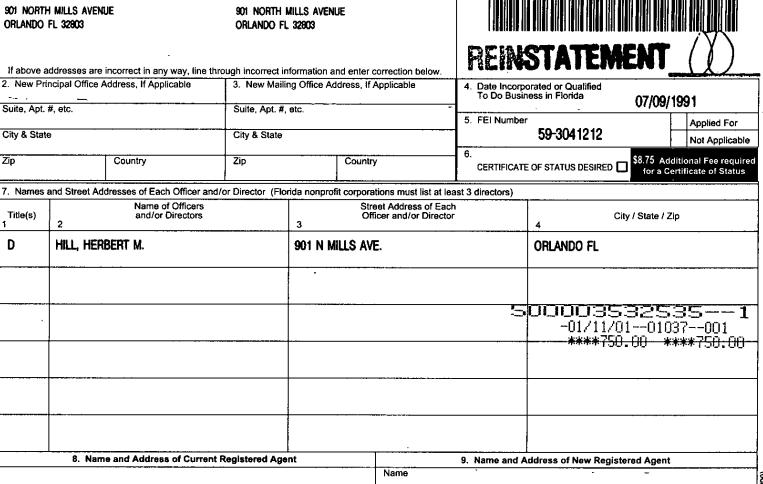
Zip

Title(s)

D

901 NORTH MILLS AVENUE

FILED JAN -2 AM 11: 58 SECRETARY OF STATE TALLAHASSEE FLORIDA



Suite, Apt. #, Etc.

City

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.

REGISTERED AGENT MUST SIGN

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

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 of Registered Agent

HILL HERBERT M.

901 NORTH MILLS AVENUE ORLANDO FL 32803

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR THE

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HEY BEST HE

HEY BEST HE HE WAS A PRES.

12/29/00 407-898-1552 Davime Phone #

Zip Code

State