

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 12 AM 8:29

DOCUMENT # V20281

1. Corporation Name

James E. Hill, Inc.

2. Principal Office Address - No P.O. Box #
2670 Carambola Rd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Same

City & State

West Palm Beach, FL

City & State

Same

Zip

33406

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/92

5. FEI Number

65031247

☐ 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

James E. Hill

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

2670 Carambola Rd.

Suite, Apt. #, Etc.

Suite 301

City

West Palm Beach

State

FL

Zip Code

33406

☐ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James E Hill

REGISTERED AGENT MUST SIGN

Date 07/10/07

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
PD	James E. Hill	2670 Carambola Rd.	West Palm Beach, FL 33406

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07/10/07--01057--002 **1350.00

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:

James E Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07

Date

(561) 439-6292

Daytime Phone #