

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

DOCUMENT # P97000005175

99 DEC 30 AM 8:19

1. Corporation Name
HIGHLAND FLING, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4521 ORTEGA BLVD. JACKSONVILLE FL 32210	Mailing Address 4521 ORTEGA BLVD. JACKSONVILLE FL 32210
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3418806	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCOTT, JANE M	4521 ORTEGA BLVD.	JACKSONVILLE FL 32210
✓	SHAD, Harold W.	5031 YACHT CLUB RD	JACKSONVILLE, FL 32210

REINSTATEMENT 99
 500003095345--4
 -01/12/00--01002--023
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FISHER, MICHAEL W 1 INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE FL 32202		Name H.W. Shad	
		Street Address (P.O. Box Number is Not Acceptable) 5031 YACHT CLUB RD	
		Suite, Apt. #, Etc.	
		City Jacksonville	State FL

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.

Signature of Registered Agent H.W. Shad **SIGNATURE REQUIRED** Date 12/27/99
 REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: H.W. Shad **SIGNATURE REQUIRED** Date 12/27/99 Daytime Phone # 904-389-4895
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR