

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 575.00

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED
96 DEC -6 PH 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565923

1 Corporation Name
HI GRADE ENTERPRISES INC.

Principal Place of Business: 240 N.E. 71ST ST. MIAMI FL 33138-5522
Mailing Address: 240 NE 71ST ST MIAMI FL 33138-5522

REINSTATEMENT 1596

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 Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/03/1978	5. FEI Number	Applied For
City & State	City & State	59-1886642	Not Applicable	
Zip	Country	60091	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for Certificate of Status	
		U.S.A.		

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	SCOTT BROWNFIELD	825 GREEN BAY ROAD, STE 200	WILMETTE, IL 60091
V.P.	JANEL O'CONNELL	825 GREEN BAY ROAD, STE 200	WILMETTE, IL 60091
DIR	PATRICK LANGAN	825 GREEN BAY ROAD, STE 200	WILMETTE, IL 60091

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C.T. CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324	Name: C.T. CORPORATION SYSTEM. Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: 000002024770--6 City: ***1725 SAN JUAN FL 33155.00

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 11-7-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/1/96 (847) 256 8289