

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

**CORPORATION
REINSTATEMENT**



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

00 DEC 15 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **657571**
1. Corporation Name

HIGH VALUE INVESTMENT CORP. INC.

2. Principal Office Address 3280 C S. ATLANTIC AVE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State DAYTONA BEACH SHORES, FL		City & State	
Zip 32118	Country	Zip	Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 2-28-80	
5. FEI Number 59-3260288	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name R. BARATTINI	400003509304-2 -12/20/00-01080-014 ****17.00 ****1.00		
Street Address (P.O. Box Number is Not Acceptable) 3280 C S. ATLANTIC AVE	400003509304-2 -12/20/00-01080-015 ****550.00 ****550.00		
Suite, Apt. #, Etc.			
City DAYTONA BEACH SHORES	State FL	Zip Code 32118	

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 *R. Barattini* Date 12-15-00
REGISTERED AGENT MUST SIGN

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
PRES.	R. BARATTINI	3280 C S. ATLANTIC AVE	Daytona Bch Shores, FL 32118
			400003509304-2 -12/20/00-01080-016 ****350.00 ****350.00

VSD
12-15

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 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: *R. Barattini* Date 12-15-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E031 (9/99)