PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO	RPORATION				EPARTMENT OF STATE		FILED				
REIN	ISTATEMENT		Secretary of Si					09 JAN 12 PM 4: 44			
DOCUMENT # F9400005394							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
High International Transportation, Inc.							400140364424 01/12/0901054014 **450.00				
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 75 County Road 75 County Road Suite, Apt. #, etc. Suite, Apt. #, etc.							REINSTATEMENT 07-09				
City & State	sey City 307 Count	TM IN	City & State Ulr Sc Zip 73	ey Ct	y, ni	J	To Do Busin 5. FEI Numbe		Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status		
Name Address of Current Registered Agent Name Leonard M. Aschetti Street Address (P.O. Box Number is Not Acceptable) 2/0/- W. 33rd: St. Suite, Apt. #. Etc. City Jacksonville State Zip Code FL 32209							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 agency 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											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									de describe de la constante de		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				Cit	ty / State / Zip			
CD	Charle.	ST. Con	nors	75 Co	unta	Ro	ad	Jersey C	ety, nT 07307		
VST	Leonar	LM.Fis	.chetti	75 Cc	ounty	Ro	ad (Jersey Cit	4,7NJ 07307		
D	Robert.	J. Gilder	sleeve	75 (ounti	7 8	Road	Jersey Ci	ty, NJ 07307		
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 cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											