

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 16 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/26/02--01038--017
****908.75 ****908.75

DOCUMENT # **H 25565**

1. Corporation Name

Richard T. High, Inc.

2. Principal Office Address

241 Walton Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

City & State

Zip

33405

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10.10.04

5. FEI Number

59-2454157

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

Richard High

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

241 Walton Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code

33405

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9.13.02

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
P	Richard High	241 Walton Blvd	WPB, FL, 33405

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.13.02

Date

561.655.1059

Daytime Phone #

CR2E081 (8/01)