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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 24 PM 1:58

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # L02000023307

Name and Mailing Address

0002548 01 AT 0.292 **AUTO T1 0 0615 32561-407023



HIGHPOINT VENTURES OF PENSACOLA, LLC
23 HIGHPOINT DRIVE
GULF BREEZE FL 32561-4070



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/09/2002	
Principal Place of Business 23 HIGHPOINT DRIVE GULF BREEZE FL 32561	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 5A-2079825	Applied For Not Applicable
8. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 4300 BAYOU BLVD STE. 13 PENSACOLA FL 32503		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent Stephen R. Moorhead		SIGNATURE REQUIRED Date 12-22-03	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgem	Jo Ann P. Sporel	23 Highpoint Dr	Gulf Breeze FL 32561
mgem	James A. Sporel &	11950 SW 3rd St.	Miami FL 33184
mgem	Maria J. Martinez		
	(husband & wife)		
		600025754826 12/24/03--01035--005 **150.00	
REINSTATEMENT 2003			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager		Date 12/19/03 Daytime Phone # 850-932-3234	
Typed or printed name of signing Managing Member/Manager		Jo Ann P. Sporel	

CR2E084 (7/03)