

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 9:19

DOCUMENT # L03000022271 1. Entity Name HIGH POINT DEVELOPERS, L.L.C.					
Principal Place of Business 120 PATTERSON ROAD 295 HAINES CITY, FL 33844 <i>Patterson</i>				Mailing Address 120 PATTERSON ROAD HAINES CITY, FL 33844	
2. Principal Place of Business 9215 Southern Breeze Dr. Suite, Apt. #, etc.		3. Mailing Address 9215 Southern Breeze Dr. Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 20-0289736	
Zip 32836		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILL, MEENU 120 PATTERSON ROAD HAINES CITY, FL 33844				7. Name and Address of New Registered Agent Name: Meenu Gill Street Address (P.O. Box Number is Not Acceptable): 9215 Southern Breeze Drive City: Orlando FL Zip Code: 32836	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Meenu Gill</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1/31/06					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. MEENU GILL ADDITIONS/CHANGES	
TITLE: MGR NAME: MEENU, GILL <input type="checkbox"/> Delete STREET ADDRESS: 120 PATTERSON RD CITY-ST-ZIP: HAINES CITY, FL 33844				TITLE: OWNER / MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MEENU GILL STREET ADDRESS: 9215 Southern Breeze Drive CITY-ST-ZIP: Orlando, FL 32836	
TITLE: Secretary NAME: Gurkirpal S. Gill <input type="checkbox"/> Delete				TITLE: Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Gurkirpal S. Gill STREET ADDRESS: 9215 Southern Breeze Dr. CITY-ST-ZIP: Orlando, FL 32836	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 500066838125 CITY-ST-ZIP: 02/28/06--01055--016 **105.00	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: REINSTATEMENT 05-06 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Meenu Gill</i> DATE: 1/31/06 883-604-9711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					