

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

High 1, LLC
L070000103225

500173443135
03/29/10--01064--006 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

133 NE 2nd Avenue

Suite, Apt. #, etc.

#1607

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

133 NE 2nd Avenue

Suite, Apt. #, etc.

#1607

City & State

miami, FL

Zip

33132

Country

USA

4. State/Country of Formation

USA, Florida

5. Date Organized or Qualified
To Do Business in Florida

10/11/2007

6. FEI Number

90-0544754

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nathanael Cohen

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

420 Lincoln Road

Suite, Apt. #, Etc.

Suite 235

City

miami Beach

State

FL

Zip Code

33139

☒ A \$100 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 \$100
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date

03/24/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
member	Iggaal Hanouna	133 NE 2nd Avenue #1607	Miami, FL 33132
	L. SELLERS		
	MAR 31 2010		
	EXAMINER		
		REINSTATEMENT	08-2010

11. E-mail Address:

iggaal@hotmail.com

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

3/23/10

Daytime Phone #

+33603355227

Typed or printed name of signing Managing Member/Manager