PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR -5 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L40447**

1. Corporation Name

HIGHGATE CORPORATION

REINSTATEMENT 96+97

Principal Place of Business	Mailing Address
~~27725 OLD 41 ROAD~~ ~~SUITE 104~~ ~~BONITA SPRINGS FL 33923~~	~~27725 OLD 41 ROAD~~ ~~SUITE 104~~ ~~BONITA SPRINGS FL 33923~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 64 South Port Cove	Suite, Apt. #, etc.: P. O. Box 2467
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: Collier	Zip: 34133 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/1990 mwB

5. FEI Number: 65-0167932 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	GRIMES, RICHARD	~~27657 OLD 41~~ 64 South Port Cove	BONITA SPRINGS FL 34134
DS	GRIMES, ALLISON	64 So. PORT COVE	BONITA SPRINGS, F 34134
			600002105536--7 -03/06/97--01002--003 ****915.00 ****915.00
			600002105536--7 -03/06/97--01002--004 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RALPHA, RICHARDSON 27725 OLD 41 RD SUITE 104 SUITE 104 BONITA SPRING FL 33923	Name: RICHARD H. GRIMES Street Address (P.O. Box Number is Not Acceptable): 64 South Port Cove Suite, Apt. #, Etc.: City: Bonita Springs State: FL Zip Code: 34134

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 3-3-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Richard Grimes' 3-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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