

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 15 AM 8:00

DOCUMENT #

640447

1. Corporation Name

Highgate Corporation

2. Principal Office Address

122 Ridge Drive

3. Mailing Office Address

P. O. Box 2467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

Zip

34133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1990

5. FEI Number

65016932

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 Grimes

REINSTATEMENT

02-03

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

122 Ridge Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

President / owner

Allison Grimes

Date

8-19-03

REGISTERED AGENT MUST SIGN

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
DP	Richard Grimes	122 Ridge Drive	Naples, FL 34108
DS	Allison Grimes	122 Ridge Drive	Naples, FL 34108

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

Date

Daytime Phone #

President / owner
Richard Grimes

8-19-03

239-851-3988