PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2003
Annual Filing

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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05/02/03--01049--009 **61.25

1. Corporation Name
New Heights INC

2. Principal Office Address	**3.** Mailing Office Address
2699 STIRLING Road	SAME.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
C-306-A	
City & State	City & State
HOLLYWOOD FL	~~FL~~
Zip / Country	Zip / Country
33312 / Broward	

4. Date Incorporated or Qualified To Do Business in Florida 12/11/97

5. FEI Number 65-0798993 — 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: JOAN WONG-FAH.
Street Address (P.O. Box Number is Not Acceptable): ~~P O B~~ 2699 STIRLING Road.
Suite, Apt. #, Etc.: Suite C-306-A
City: Hollywood | State: FL | Zip Code: 33312

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: Joan Wong Fah — REGISTERED AGENT MUST SIGN — Date: 4/20/03.

CR2E081 (9/00)

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
CEO	Joan Jm-Pedro.	1103 NW 58 Terrace	Sunrise FL 33313
CCO	Raymond alexander	3901 S.U Coapde HANGE	Hollywood FL 33319
SEC	Yvonne Lee NO	5531 SW 114 Ave.	Cooper City FL 33330
TRES	Bertha Smith	569 Banks Road.	Margate FL. 33063

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: Joan Wong Fah — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/20/03 — Daytime Phone #: (954)258-2453