


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2000-2001 UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000004716			
1. Corporation Name HIGH ESTEEM INC.			
2. Principal Office Address 1509 FLORIDA AVE Suite, Apt. #, etc.		3. Mailing Office Address 1509 FLORIDA AVE Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country USA	Zip 33401	Country USA

FILED

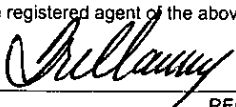
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2001 UBR	
4. Date Incorporated or Qualified To Do Business in Florida 8/2/1992	
5. FEI Number 65-0935368	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name TRELLAWNEY REED		
Street Address (P.O. Box Number is Not Acceptable) 1509 FLORIDA AVE		
Suite, Apt. #, Etc.		
City WEST PALM BEACH, FL	State FL	Zip Code 33401

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05/29/01-01002-026
****122.50****122.50

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 		Date 4/7/01	
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
VP	BRENDA NEWBY	33 W 34TH STREET	RIVERA BEACH, FL33404
DIR	BRENDA QUARTERMAN	2530 AVE R	RIVIERA BEACH, FL 33404
P	TRELLAWNEY REED	1509 FLORIDA AVE	WEST PALM BEACH, FL33401
D	DESIREE JACKSON	1180 LANDINGA RUN	WEST PALM BEACH, FL33417
D	DENISE REED	2429 CAROMA LANE	WEST PALM BEACH, FL33415

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:



TRELLAWNEY REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2001

Date

Daytime Phone #

560
688-9086