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 OCT -9 PM 3:26

DOCUMENT # P00000014420

1. Corporation Name

HIGHNOTE OF LONGBOAT KEY, INC.

500023920535
10/20/03--01001--008 **300.00

2. Principal Office Address
1646 PROSPECT ST.

Suite, Apt. #, etc.

City & State
SARASOTA FL.

Zip 34239 Country SARASOTA

3. Mailing Office Address
"

Suite, Apt. #, etc.
"

City & State
"

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 2/10/2000

5. FEI Number 650980019 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $87.5 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPDIRECT AGENTS, INC.

Street Address (P.O. Box Numbers Not Acceptable)
103 NORTH MERIDIAN ST.

Suite, Apt. #, Etc.
LOWER LEVEL 32301

City TALLAHASSEE State FL Zip Code 32301

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 EBL, ASSISTANT SECRETARY Date 10/9/03
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
PRES.	MICHAEL CORY	1646 PROSPECT ST.	SARASOTA, FL 34239

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: Michael Cory Oct 3, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THE GERSTENFELD FAMILY LIMITED PARTNERSHIP
1646 Prospect Street Sarasota, FL 34239

October 3, 2003

Via Corp Direct Agents, Inc.

Department of State
Florida

Dear Madam/Sir,

We did not receive our UBR forms (2002). We respectfully request the abatement of penalties due to this reasonable cause. Thank you.

Yours truly,

Michael Cory, President of Highnote of Longboat Key