

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR -7 PM 4:00

CORPORATION REINSTATEMENT

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

01-02482

DOCUMENT # P00000033230

1. Corporation Name
HIGHTECHGROUP, INC

2. Principal Office Address 11555 HERON WAY BLVD Suite, Apt. #, etc. SUITE 308 City & State CORAL SPRINGS, FL. Zip 33076 Country BROWARD		3. Mailing Office Address 5045 NW 124 WAY Suite, Apt. #, etc. City & State CORAL SPRING, FL. Zip 33076 Country BROWARD	
--	--	---	--

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

5. FEI Number 65-0996293
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
PATRICIA A. LAMIA

Street Address (P.O. Box Number is Not Acceptable)
5045 NW 124 WAY

Suite, Apt. #, Etc.

City
CORAL SPRINGS

State
FL

Zip Code
33076

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 *Patricia A. Lamia* Date 3/6/2002
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 G. LAMIA	5045 NW 124 WAY	CORAL SPRINGS, FL. 33076
VP	PATRICIA A. LAMIA	5045 NW 124 WAY	CORAL SPRINGS, FL. 33076
SEC	STEPHANIE N. LAMIA	5045 NW 124 WAY	CORAL SPRINGS, FL. 33076

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 G. Lamia* *Patricia A. Lamia* 3/6/2002 934-752-6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL LAMIA PATRICIA A. LAMIA

AD

CR2E081 (9/01)

**HighTechGroup, Inc.
11555 Heron Bay Boulevard
Suite 308
Coral Springs, Florida 33076**

March 6, 2002

RE: Reinstatement for HighTechGroup, Inc.
EIN: 65-0996293
Document # P00000033230

Dear Sirs or Madams:

This morning I was telephone by my Banking Officer at First Union Bank and advised that my Corporation was inactive due to the fact that we had not filed our Annual Report.

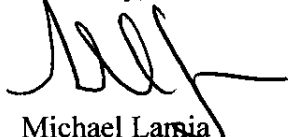
After some assistance by your offices I was made aware that my address of record is incorrect. My family, and my new business moved shortly after the Corporation was formed in April of 2000. We relocated to Coral Springs, Florida in June of 2000.

The forms from the state were never forwarded to my new address. Since this is my first corporation, either in this state or any state, I was unaware of the filing requirements. Please accept this statement our fact and accept our petition to waive the reinstatement fees. Our payment of \$ 300.00 for year 2001 and 2002 is included.

I am personally available via telephone during the day at 954-752-6025 should the need arise.

Thank you in advance for your consideration.

Sincerely,



Michael Larnia
President