

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P00000043004

HIGHROAD, INC.

2. Principal Office Address

736 Courtenay Dr. NE

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30306

Country

USA

3. Mailing Office Address

736 Courtenay Dr. NE

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30306

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 28, 2000

5. FEI Number

65-1014068

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

James A. Marx

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

848 Brickell Avenue

Suite, Apt. #, Etc.

Suite 750

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

3/26/04

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
P/O	Tom Tomlinson	736 Courtenay Dr. NE	Atlanta, GA 30306
V/S/T D	Geoff Corbin	736 Courtenay Dr. NE	Atlanta, GA 30306

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

TOM TOMLINSON

Date

March 16, 2004

Daytime Phone #

404-733-5089

CR2E081 (01/04)