

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000015126

1. Corporation Name
HIGH HILL GROVES, INC.

FILED

03 JAN -2 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 314 P.O. BOX 314
POMONA PARK FL 32181-0314 POMONA PARK FL 32181-0314



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 02/08/2001 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DOLAN, MIKE and VANDOREN, GUY D.

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01/02/03 01025 023 **750.00

8. Name and Address of Current Registered Agent VANDOREN, GUY D C/O LAN 66 CUNA ST ST AUGUSTINE FL 32089 9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 12/30/2002

11. 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. SIGNATURE: REGISTERED AGENT MUST SIGN Date 12/30/2002 Daytime Phone # 904-824-6929

CR2040 (8/02)