

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000052845

1. Entity Name
HIGHER SIGNS, INC.



FILED
05 JUL 18 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8670 N.W. 6 LN #201
MIAMI, FL 33126**

Mailing Address
**8670 N.W. 6 LN #201
MIAMI, FL 33126**



2. Principal Place of Business
7265 NW 44 St

3. Mailing Address
Same

Suite, Apt. #, etc.
-

Suite, Apt. #, etc.
-

05102005 REIN-P CR2E098 (6/04)

City & State
MIAMI, FL

City & State
-

Zip
33166

Country
-

Zip
-

Country
-

4. FEI Number
65-1107440

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALVAREZ, JULIA
8670 N.W. 6 LN #201
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
JOHNN CUELLAR

Street Address (P.O. Box Number is Not Applicable)
7265 NW 44 St

City
MIAMI

FL Zip Code
33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **June 15, 2005**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JULIA 8670 N.W. 6 LN #201 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CUELLAR, John 7265 NW 44 St., MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CUELLAR, JOHNN 8670 N.W. 6 LN #201 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition German Restrepo 7265 NW 44 St MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057601864 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/18/05--01039--002 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: **JOHNN A. CUELLAR** **June 15, 2005 (26) 486-702**

Signature and typed or printed name of signing officer or director Date