

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P01000067232

1. Corporation Name

HIGH CONTRACTING SERVICES, INC.

Principal Place of Business

815 POYDRAS LANE NORTH
JACKSONVILLE FL 32218

Mailing Address

815 POYDRAS LANE NORTH
JACKSONVILLE FL 32218

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

59-3730471

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

HIGH, CHARLIE JR.

815 POYDRAS LANE NORTH

JACKSONVILLE FL 32218

000009155040

11/21/02 01102 013 \$150.00

8. Name and Address of Current Registered Agent

HIGH, CHARLIE JR.

815 POYDRAS LANE NORTH
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charlie High
REGISTERED AGENT MUST SIGN

Date

11-15-02

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. 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:

Charlie High
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-02 (604) 551-3110

FILED

02 DEC 26 PM 4:42

SECRETARY OF STATE
TA 000009155040
11/21/02--01102--013 **150.00



2002 UBR

815 Poydras Lane North
Jacksonville, FL 32218

2052

December 11, 2002

Division of Corporations
UNIFORM BUSINESS REPORT FILINGS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Division of Corporations,

Subject: DOC# P01000067232

I am writing to you on behalf of High Contracting Services, Inc., I have never received the original 2002 Uniform Business Report. I would appreciate it if you would waive the late penalty.

Sincerely,



Charlie High
CEO
High Contracting Services, Inc.