

Att: Sam Tower

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 13 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000084340

1. Corporation Name

HIGH TIMES INC.

01/17/06 90119 043 \$50.00

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

466 Purple Finch way

Suite, Apt. #, etc.

3. Mailing Office Address

466 Purple Finch way

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/01

5. FEI Number

59-3740269

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

MARK KAPLAN

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

466 Purple Finch way

Suite, Apt. #, Etc.

City

Palm Harbor, FL 34683

State

FL

Zip Code

34683

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

Mark Kaplan

REGISTERED AGENT MUST SIGN

Date

2/9/06

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.	MARK KAPLAN	466 Purple Finch way	Palm Harbor FL 34683

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 contained in Chapter 119, 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:

Mark Kaplan MARK KAPLAN

2/9/06 (727) 410-6443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Fl. 32314**

02/09/06

Att. Mr. Sean Toner,

As per our conversation on 02/09/06 at 4:15 p.m., I was unaware that my corporation had been dissolved. I informed you that I didn't receive the mailing for the renewal application. Enclosed is the application for corporate reinstatement with a check for \$400.00, plus requesting that the \$50.00 Fictitious Name filing fee put towards corporate reinstatement. Thank you very much.

Sincerely,



**Mark Kaplan
High Times Inc.
466 Purple Finch Way
Palm Harbor, Fl. 34683
727-410-6443**