

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT -8 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000093799

1. Corporation Name
HIGH END HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #
2600 Douglas Rd.

Suite, Apt. #, etc.
Suite 1100

City & State
Coral Gables, FL

Zip 33134 Country USA

3. Mailing Office Address
2600 Douglas Rd.

Suite, Apt. #, etc.
Suite 1100

City & State
Coral Gables, FL

Zip 33134 Country USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 09/25/2001

5. FEI Number 20-0613826 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
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Rd.

Suite, Apt. #, Etc.
Suite 1100

City State Zip Code
Coral Gables FL 33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 09/06/2007

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
DP	Gutierrez, Jose Alfredo	2600 Douglas Rd. Suite 1100	Coral Gables FL 33134
DS	Gutierrez, Carlos E.	2600 Douglas Rd. Suite 1100	Coral Gables FL 33134

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/2007 (305) 279-4101

Date

Daytime Phone #