

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027218

1. Corporation Name

HIGHWATER ENTERPRISES, INC.

REINSTATEMENT *03-24*

7/14/03 90166 015 150

2. Principal Office Address

2949 DOCTORS LAKE RD.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

3. Mailing Office Address

P.O. BOX 1141

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03-06-2002

5. FEI Number
30-0062708

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
DAVID L. SABERG

Street Address (P.O. Box Number is Not Acceptable)
2949 DOCTORS LAKE RD.

Suite, Apt. #, Etc.

City
ORANGE PARK

State
FL

Zip Code
32073

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

Paul T. Sabery

REGISTERED AGENT MUST SIGN

Date *6-2-04*

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	DAVID L. SABERG	2949 DOCTORS LAKE RD.	ORANGE PARK, FL 32073

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 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:

Paul T. Sabery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-2-04

Daytime Phone #

CR2E081 (01/04)