

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 17 PM 12:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000086175**

1. Corporation Name

HIGH POINT MERCHANDISING CORP.

900182248099
06/17/10--01031--021 **1200.00

09-10

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #
680 S. Military Trail

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deerfield Beach FL

City & State

Zip
33442

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **08/08/2002**

5. FEI Number
22-3863707

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
Barry M. Boren, Esq.

Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Blvd.

Suite, Apt. #, Etc.
#1809

City
Miami

State
FL

Zip Code
33156

PROFIT CORPORATIONS ONLY
☒ The \$600.00 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

Date **6/1/2010**

REGISTERED AGENT MUST SIGN

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
P	Emanuel Cohen	680 S. Military Trail	Deerfield Beach FL 33442

REINSTATEMENT

6/1/10
09-10

10. E-mail Address: **manny@ditinc.net**

(To be used for future annual report notification)

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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emanuel Cohen 5/14/10 954-3460

Date

Daytime Phone #