

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 OCT -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000087267

1. Corporation Name

Hi-Tec Investments Inc.
12007 PRAIRIE MEADOW DR.
ORLANDO FLORIDA 32837

500023620155
10/07/03--01056--010 **758.75

2. Principal Office Address

12007 PRAIRIE MEADOW
Suite, Apt. #, etc. DR.

3. Mailing Office Address

1020 UNIVERSAL
Suite, Apt. #, etc. RESORT PLACE

REINSTATEMENT 2003

City & State

ORLANDO FL

City & State

KISSIMMEE FL

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

8/9/2002

5. FEI Number

16-1624410

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

34744

Country

USA

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MR. JOHN S. Bibby

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

1020 UNIVERSAL RESORT PLACE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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]

Date 10/6/03

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/S/D	JOHN S. Bibby	1020 UNIVERSAL RESORT PL.	KISSIMMEE FL 34744

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03

Date

321 443 6373

Daytime Phone #

CR2E081 (10/02)