

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP -7 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000096116**

1. Corporation Name

HIGH Point I, Inc.

W06000038308

2. Principal Office Address

8450 NW 36 STREET

Suite, Apt. #, etc.

SUITE 220

City & State

MIAMI, FLORIDA

Zip

33178

Country

3. Mailing Office Address

8450 NW 36 STREET

Suite, Apt. #, etc.

SUITE 220

City & State

MIAMI, FLORIDA

Zip

33178

Country

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2002

5. FEI Number

020642912

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPUS REGISTERED AGENTS, INC.

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

8450 NW 36 STREET

Suite, Apt. #, Etc.

SUITE 220

City

MIAMI

State

FL

Zip Code

33178

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] **President**

Date **9/1/06**

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
D	BERECIARTUA, EDUARDO	CALLE LIBERTAD 567, Piso 3	CIUDAD DE BUENOS AIRES, ARGENTINA
D	SAUTOS, FINA	CALLE LIBERTAD 567, Piso 3	CIUDAD DE BUENOS AIRES, ARGENTINA
D	REYNAL, PABLO	CALLE LIBERTAD 567, Piso 3	CIUDAD DE BUENOS AIRES, ARGENTINA

500020039695
09/21/06--01055--003 **450.00

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]

EDUARDO BERECIARTUA

08/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2/2

WERMUTHLAW P.A.
8750 N.W. 36 STREET, SUITE 220
MIAMI, FLORIDA 33178-2499
TELEPHONE: (305) 715-7157
FACSIMILE: (305) 715-8982
www.wermuthlaw.com

August 24, 2006

Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of High Point I, Inc.

To Whom It May Concern:

Please be advised that our client, High Point I, Inc. did not receive your Annual Report Notice in 2004, and therefore we kindly request that you waive the Reinstatement Fee. We are hereby enclosing Check No. 4502 for a total of \$450 (Four Hundred and Fifty Dollars and 00/00) for the Reinstatement of High Point I, Inc., Document No. P02000096116.

Should you have any questions or comments, do not hesitate to contact us at our office, WermuthLaw P.A., at (305) 715-7157.

We appreciate your kind attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ana Rosa Ramirez".

Ana Rosa Ramirez

Enclosures