## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED  OLAPR-2 AM 8: 18  OLAPR-2 AM 8: 18				
DOCUMENT # P0200 106977  1. Corporation Name HIGHOP INCORPORATED					OL HTM 2 SECRETANT OF STATE SECRETANT OF STATE TALLAHASSEE. FLORIDA TALLAHASSEE. FLORIDA 14/02/04-01070-018 ***900.00				
2. Principal Office Address       3. Mailing O         5942 34TH ST. WEST       5942 34TH			ffice Address					<u>.</u>	~ ) a
Suite, Apt. #, etc. Suite, Apt. #, 115					- an incomposated of Qualified To Do Business in Florida 10/03/02				
City & State City & State BRADENTON, FL BRADE			ITON, FL		FEI Number	- <u> </u>			
Zip 34210	Country	<sup>Zip</sup> 34210	Country	6.				dditional Fee ro	equired
7. Name and Address of Current Registered Agent									
	Name ANDREW S. HIGBEE								
	Street Address (P.O. Box Number is Not Acceptable) 306 64TH STREET								
	Suite, Apt. #, Etc.								
	City HOLMES BEACH					State FL	Zip Code 34212		
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 3-3/-04  REGISTERED AGENT MUST SIGN								Conscional Indian	
9. Names	and Street Addresses of Each Of	ficer and/or Director (Flo	orida nonprofit corporations mu	st list at least 3	directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
D.	ANDREW S. HIGBEE		306 64TH STREET			HOLMES BEACH, FL 34212			
D	MICHAEL S. HIGBEE		3505 TARPON WOODS BLVD # P408			PALM HARBOR, FL 34685			
D	ANDREW S. HIGBEE, JR.		613 MONTEVELLO CIRCLE			CHESAPEAKE, VA 23322			
D	JEFF HOPKINS		3525 NEWPORT AVE			BRADENTON, FL 34205			
D	MARYANN HOPKINS		3525 NEWPORT AVE		TVE	BRADENTON, FL 34205			
10.1 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 filling 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:  ANDREW 3 HIGHES SI  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #									

-fi