

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 10 AM 8:31

DOCUMENT # P03000055264

1. Corporation Name

Highlite Investments, Inc

2. Principal Office Address

645 NE 137th St

Suite, Apt. #, etc.

3. Mailing Office Address

174 NE 96th Street

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami Shores - FL

Zip

33161

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/2003

5. FEI Number

02-0690333

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

PB&A Financial Services, Inc

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

174 NE 96th Street

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

10-5-2006

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
PD	Jimmy Louis	645 NE 137th St	Miami - FL-33161

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy Louis Jimmy Louis

Date

10/5/06

Daytime Phone #

305-758-1136

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October 5, 2006

State of Florida Division of Corp
PO BOX 6327
Tallahassee, FL 32314

RE Doc# P03000055264
HIGHLITE INVESTMENTS, INC

To whom it may concern:

Please be advised by this letter that we have never received the renewal of our corporation or the notice that the corporation had been dissolved. At this time we are changing the mailing address to make sure we receive your notices. We are enclosing a check for 2004, 2005 and 2006 renewal fees so that our corporation can be reinstated.

If we can be of any assistance, please feel free to call,

A handwritten signature in black ink, appearing to read "Jimmy Louis". The signature is fluid and cursive, with the first name "Jimmy" and last name "Louis" clearly distinguishable.

Jimmy Louis
Highlite Investments, Inc