## 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000058086** 

## 1. Entity Name HEIGHTEN INVESTMENTS, INC. SECRETARY OF Mailing Address Principal Place of Business 915 6TH ST 915 5TH ST NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL-32266 3. Mailing Address 2. Principal Place of Business 322 4th 5th 322 Suite, Apt. #, etc. Suite, Apt. #, etc. 11232004 CR2E098 (6/04) City & State 4. FEI Number 20- 0798882 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INCORPORATE USA, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR-CLEARWATER, FL 33761 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statem the obligations of registered agent. prature, typed or printer In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. -OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE Change 🗶 Delete **800042998578** 11/24/04--01038--004 \*\*150.00 NAME COVINGTON, MAURY D NAME STREET ADDRESS 915 5HT ST STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP DPST Change Addition ☐ Delete TITLE TITLE PORCELLI, III, ARTHUR R NAME NAME 322 4th Street 222 MYRTLE ST STREET ADDRESS STREET ADDRESS NEPTUNE BEACH, FL 32266 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE COVINGTON, II, ROBERT P NAME - -NAME" STREET ADDRESS 915 5 TH STREET STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-7IP Change - Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: