FILED

'10 MAR 26 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000101457

700163289847
03/26/10--01040--012 **150.00

700163289847
12/03/09--01036--008 **300.00

1. Corporation Name

High Seas 93 Inc.

REINSTATEMENT 08-09

CR2E091 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
24986 O/S Hwy	PO Box 420523
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SUMMERLAND Key	City & State Summerland Key
Zip 33042	Country MONROE	Zip 33042	Country MONROE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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
MARILYN Sommerhoff

Street Address (P.O. Box Number is Not Acceptable)
24986 OverSeas Hwy

Suite, Apt #, Etc.
PO Box 420503

City SUMMERLAND Key | State FL | Zip Code 33042

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ REGISTERED AGENT MUST SIGN Date 3/6/10

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	EYAL JAIDA	6226 Villa De Pianso	Las Vegas, NV 89131

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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, I further certify, 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: _____ 12/15/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #