

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 12 PM 1:55

DOCUMENT # P04000019974

1. Corporation Name

HEIGHT OLFER INC

2. Principal Office Address - No P.O. Box #

1634 SW 19 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

U.S.

3. Mailing Office Address

1634 SW 19 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/2004

5. FEI Number  
20-0766922

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

MORA, ROSA

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

10341 SW 147 CT CIR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

☒ 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

*Rosa Mora*

Date MAY 08, 2008

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
VP	MORA, OLGA L	1634 SW 19 TERR	MIAMI FL 33145
P	JIMENO, FERNANDO	1634 SW 19 TERR	MIAMI FL 33145

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:

*Fernando Jimeno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*05/08/2008*

(954) 471-2062

Daytime Phone #