

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 24 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000148918**

1. Corporation Name

**HIGHER GROUND ARCHITECTURAL MILLWORK
& SALES, INC**

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

4244 W TENNESSEE ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

SAME

City & State

TALLAHASSEE, FL

City & State

SAME

Zip

32304

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

84-1693016

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 **CHARLES DONOVAN**

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

4244 W TENNESSEE ST.

Suite, Apt. #, Etc.

203

City

TALLAHASSEE

State

FL

Zip Code

32304

☒ 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

Charles Donovan

REGISTERED AGENT MUST SIGN

Date **1-24-08**

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
C	CHARLES DONOVAN	16845 HUBBARD TORRANCE PKWY, HUNTSVILLE, NC 28078	Huntsville, NC 28078
		300116461033 01/30/08--01034--021 **458.75	
		B 1/24/08	
		REINSTATEMENT 08-08	

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

Charles Donovan

Date

1/24/08 704-287-2355

Daytime Phone #