

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000135924

1. Entity Name
HIGHLANDS ESTATE HOMES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 29 PM 1:24

Principal Place of Business
3310 N. HILLS DRIVE
HOLLYWOOD, FL 33021

Mailing Address
3310 N. HILLS DRIVE
HOLLYWOOD, FL 33021



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282008 REIN-P CR2E098 (1/07)

4. FEI Number
51-0610438

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, LUIS
3310 N. HILLS DRIVE
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Diana P. Latta
Street Address (P.O. Box Number is Not Acceptable)
3310 North Hills Drive
City Hollywood FL Zip Code 33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-28-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P ☒ Delete
STREET ADDRESS BARRIOS, LUIS
CITY-ST-ZIP 3310 N. HILLS DRIVE
HOLLYWOOD, FL 33021

TITLE NAME V ☐ Delete
STREET ADDRESS LATTA, DIANA
CITY-ST-ZIP 3310 N. HILLS DRIVE
HOLLYWOOD, FL 33021

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Diana P. Latta ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100137621731
CITY-ST-ZIP 11/04/08--01033--006 **150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS B 12/29/08
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-08

Date

Daytime Phone #