

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 27 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000076275

1. Corporation Name

High Point, Inc.

200008723312
10/31/02--01033--006 **1950.00

2. Principal Office Address

2019 Centre Pointe Boulevard

Suite, Apt. #, etc.

Suite # 101

City & State

Tallahassee, Florida

Zip

32308

Country

USA

3. Mailing Office Address

2019 Centre Pointe Boulevard

Suite, Apt. #, etc.

Suite # 101

City & State

Tallahassee, Florida

Zip

32308

Country

USA

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

11/03/1993

5. FEI Number

None

☒ 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

John P. Mottice

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

2019 Centre Pointe Boulevard

Suite, Apt. #, Etc.

Suite #101

City

Tallahassee

State

FL

Zip Code

32308

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 **September 24, 2002**

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
Dir	John P. Mottice	2019 Centre Pointe Boulevard, #101	Tallahassee, FL 32308
Dir	H. Jay Mottice	2019 Centre Pointe Boulevard, #101	Tallahassee, FL 32308

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 under section 119.07(3)(i), 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:

John P. Mottice, Director

9/24/2002 (850) 386-2119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)