

PLEASE - SEE NOTE ON BACK.
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

105

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 29 PM 3:39
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006925

1. Corporation Name

CHARLES E. HIGGINS
RESIDENTIAL DESIGNER, INC.

2. Principal Office Address

12418 SAWGRASS CT.
Suite, Apt. #, etc.

3. Mailing Office Address

12418 SAWGRASS CT.
Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

REINSTATEMENT 02-06

4. Date Incorporated or Qualified
To Do Business in Florida

1-18-96

5. FEI Number

65-0634957

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 E. HIGGINS

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

12418 SAWGRASS CT.

Suite, Apt. #, Etc.

City

WELLINGTON,

State

FL

Zip Code

33414

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 E. Higgins

REGISTERED AGENT MUST SIGN

X 9/22/06
Date

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
PRES	CHARLES E. HIGGINS	12418 SAWGRASS CT.	WELLINGTON, FL 33414

600080180326
09/25/06--01038--015 **750.00

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: CHARLES E. HIGGINS, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9/22/06 (561) 795-2034
Date Daytime Phone #

282

CHARLES J. REIS & ASSOCIATES

Certified Public Accountants, P.C.

13721 BARBERRY DRIVE
WELLINGTON, FLORIDA 33414

561 790-1776

SEPTEMBER 19, 2006

SECRETARY OF STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: CORPORATION REINSTATEMENT AND WAIVER OF REINSTATEMENT FEE
FOR CLIENT, CHARLES E. HIGGINS RESIDENTIAL DESIGNER, INC.

DEAR SIR:

THIS LETTER ACCOMPANYING THE REQUEST FOR CORPORATION REINSTATEMENT REQUESTS THAT THE REINSTATEMENT FEE BE WAIVED FOR MY ABOVE INDICATED CLIENT.

MY CLIENT HAS BEEN INCORPORATED IN FLORIDA SINCE JANUARY 18, 1996, AND HAS CONSIDERED HIMSELF TO BE IN GOOD STANDING AS A FLORIDA CORPORATION SINCE THAT TIME.

HOWEVER, RECENTLY MY CLIENT HAS BEEN INFORMED BY A FINANCIAL INSTITUTION THAT HIS CORPORATION ON 10-4-2002 HAS RECEIVED AN ADMIN. DISSOLUTION FOR FAILURE TO FILE THE ANNUAL REPORT.

MY CLIENT UNFORTUNATELY DID NOT RECEIVE THE ANNUAL REPORT NOTICES IN THE 2002 YEAR OF DISSOLUTION NOR SUBSEQUENTLY. THEREFORE WE REQUEST THAT THE REINSTATEMENT FEE PLEASE BE WAIVED.

ENCLOSED IS MY CLIENT'S CHECK FOR \$750.00 TO COVER THE \$61.25 ANNUAL REPORT FEE AND THE \$88.75 CORPORATE SUPPLEMENTAL FEE FOR EACH OF THE FIVE YEARS OF 2002 THROUGH 2006.

THANK YOU FOR YOUR CONSIDERATION AND HELP IN THIS MATTER.

RESPECTFULLY SUBMITTED.


CHARLES J. REIS, CPA