PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM CATION FLORIDA DEPARTMENT OF STATE Katherine Harris APPROVED:

APPLICATION FOR REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

D.OCUMENT # P97000005175

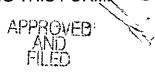
1. Corporation Name

HIGHLAND FLING, INC.

Principal Place of Business

Mailing Address

4521 ORTEGA BLVD. JACKSONVILLE FL 32210 4521 ORTEGA BLVD.
JACKSONVILLE FL 32210



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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|--|---|---|---------------------|--|--|--|---|---|------------|
| | | incorrect in any way, line thro Address, If Applicable | ··· | | nd enter correction below. dress, If Applicable | Date Incorporated or Qualified To Do Business in Florida | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | .5. FEI Numbe | F = | 01/16/1997 | polied For |
| City & Stat | | yr a tale. <u></u> if | City & State | | | | 59-3418806 | | ot Applica |
| Zip Country | | Country | Zip | Country | | CERTIFICATE OF STATUS DESIRED [| | | |
| 7. Names | and Street Ad | dresses of Each Officer and/ | or Director (Flo | rida nonprof | it corporations must list at lea | ast 3 directors) | | | |
| Title(s) Name of Officers and/or Directors 1 2 | | | | | Street Address of Each Officer and/or Director | | | | |
| D | SCOTT, JANE M | | | 4521 ORTEGA BLVD. | | | JACKSONVILLE FL 32210 | | |
| V SHAD, Harold W. | | | • | 5031 YACHT CLUB RD | | | JACKSONVILLE, FL 32: | | |
| | | | | | REI | NSTAT | | 99 | 6 - |
| | | | | | | | -01/12/00- -01/12/00- ****750.00 | = 3.4 5 - -010020) ****75 | |
| | 8. Nam | e and Address of Current I | Registered Age | ent | | 9. Name and | me and Address of New Registered Agent | | |
| 1 inde Suite | R, MICHAEL PENDENT D 2600 ONVILLE FL | PRIVE | • | Street Address (P.O. Box Number SO31 YACHT Suite, Apt. #, Etc. | | | er is Not Acceptable) CLUB RD | | |
| | | | | | Sachso | Nville, | . | State Zip Code FL ろレン | 10 |
| 10. I, being Signature o Registered | f | e registered agent of the abo | YURE | | QUIRED | bligations of Sect | ion 607.0505, F.S. Date /2/2/ | 199 | |
| 11 1 0 0 0 0 5 1 | that I am c = s | | GISTERED AG | | SIGN | arayidad far in -b | | where contifue that w | |

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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/99

90Y-38Y-695