

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000033778**

1. Corporation Name

H.T. PROPERTIES, INC

FILED

01 SEP 28 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

3901-B NW 77 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

265 CRANWOOD DR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip Country

33166 USA

City & State

KEY BISCAYNE FL

Zip Country

33149 USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-1997

5. FEI Number

65-0768549

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

WILLIAM N. JONES C.P.A.

000004629560--6

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

1352 NE 104 ST

-10/10/01--0102--007

*****900.00 ***900.00**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

WILLIAM N. JONES
REGISTERED AGENT MUST SIGN

Date **9-25-01**

8. 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
IS			
-D	STEVEN TELLUM	265 CRANWOOD DR	KEY BISCAYNE, FL 33149
IP			
D	DWIGHT HAIGHT	649 TUXEDO PL NW	ATLANTA, GA 30342

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:

D. Haight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWIGHT HAIGHT

Date

9-25-01

Daytime Phone #

404-240-7394