

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 11 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000069857**

1. Corporation Name

HIGHTOWER PURCHASING, INC

2. Principal Office Address

26 HICKORY LN

Suite, Apt. #, etc.

5

City & State

SAFETY HARBOR FL CLEARWATER FL

Zip

34695

Country

USA

3. Mailing Office Address

2519 McMULLEN BOOTH RD

Suite, Apt. #, etc.

SUITE 510-186

City & State

SAFETY HARBOR FL CLEARWATER FL

Zip

33761

Country

U.S.A.

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

AUG 12, 1997

5. FEI Number

59-3462070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 - Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MARCIA L. BERBERICH

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

26 HICKORY LANE

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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

Marcia L. Berberich

Date

10/6/04

REGISTERED AGENT MUST SIGN

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	MARCIA L. BERBERICH	26 HICKORY LANE	SAFETY HARBOR FL 34695
V.P.	KARL BERBERICH	26 HICKORY LANE	SAFETY HARBOR FL 34695

600041856456

10/13/04--01051--016 **550.00

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 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:

MARCIA L. BERBERICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/04

Daytime Phone #

227-725-9574

CR2E081 (01/04)