

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -1 AM 8:22

DOCUMENT # **P97000070700**

1. Corporation Name

HIGH SOCIETY INTERNATIONAL, INC.

2. Principal Office Address

4015 SW 16 TERR.

Suite, Apt. #, etc.

STE. 6

City & State

CORAL GABLES, FL

Zip

33134

Country

3. Mailing Office Address

16300 NE 19 AVE

Suite, Apt. #, etc.

STE. C

City & State

N. Miami Beach FL

Zip

33162

Country

REINSTATEMENT

03-04

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

08/14/97

5. FEI Number

65-0795258

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

FERNANDO SILVA

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

4015 SW 16 TERR

Suite, Apt. #, Etc.

STE 6

City

CORAL GABLES

State

FL

Zip Code

33134

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 **11/29/04**

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
PD	RUBEN G. RUEDA	4015 SW 16 TER STE 6	CORAL GABLES FL 33134

200043218482
12/05/04--01063--016 **300.00

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:

RUBEN RUEDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/04

Date

Daytime Phone #

CR2E081 (01/04)

1213 CW