

192

APPLICATION
FOR
REINSTATEMENT
FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P98000003962

HIGH TAILIN IT, INC.
20264 OLD CUTLER ROAD
MIAMI, FL 33189

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State
Zip Code
REINSTATEMENT 20-04
MRD

3. Date Incorporated or Qualified To Do Business in Florida 1-12-1998

4. FEI Number 650803171

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
D.	JAMES W. ROBINSON	25503 SW 107TH CT	HOMESTEAD, FL 33032-6120

400035826124
05/10/04--01093--015 **758.75


This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

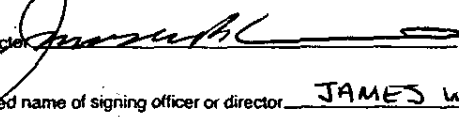
6. Name and Address of Current Registered Agent
Laurence J. Rohan, Esquire
2511 Ponce de Leon Boulevard
Suite 320
Coral Gables, FL 33134-6082

7. Name and Address of New Registered Agent
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State FL Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent  Date 4-27-04
REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director  Date 5-1-04 Phone (305) 233-0848
Typed or printed name of signing officer or director JAMES W. ROBINSON

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status



20264 - HWY 90 CUTLER RD.
MIAMI, FL.
33189
PH. (305) 233-0848

To Whom It May Concern:

I have recently become aware, that my company is on the inactive list with the state of Florida. I never received any notice of this action back in 2000. I have been doing business as usual in good faith paying all licenses and fees as required. How this was over looked is unusual. Checking my computer records it show that in fact the yearly filing fees were not paid to date. I am including a check for \$758.75 to reinstate my company and please send certificate of status.

Thank you for your consideration in this matter.

I remain,

Jim Robinson

② 5-1-04