PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUN 11 PM 2:47

DOCUMENT # P98000040649

1. Corporation Name
HIGHPOINT ENTERPRISES OF PORT CHARLOTTE, INC.

00-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
323 PORT RICHMOND AVE	323 PORT RICHMOND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STATEN ISLAND, NY	City & State: STATEN ISLAND, NY
Zip: 01302 Country:	Zip: 10302 Country: RICHMOND

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: 59-3509114 ☐ 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: MICHAEL WEBBER

Street Address (P.O. Box Number is Not Acceptable): 8421 MAIN STREET

Suite, Apt. #, Etc.: BOKEELIA

City: BOKEELIA State: FL Zip Code: 33922

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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: [signature] Date: 5/4/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GUNTHER, ROBERT C	2718 CASEY KEY RD.	NOKOMIS, FL 34275
D	GUNTHER, JAYNE C	2718 CASEY KEY RD	NOKOMIS, FL 34275
D	DANISCHEWSKI, ROY K.	323 PORT RICHMOND AVE	STATEN ISLAND, NY 10302

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: [signature] ROY K. DANISCHEWSKI 5/4/01 718 273-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD