

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

ATN: TINA  
FILED  
CLERK OF CIRCUIT COURT  
OF CORPORA  
04 MAY 11 PM 12:56

DOCUMENT # P98000047108

1. Corporation Name

HIGHBURY CONSTRUCTION INC

2. Principal Office Address

800 SE 8 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1840 INGLESIDE TERRACE, NW

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

WASHINGTON, D.C

Zip

33316

Country

BROWARD

Zip

20010

Country

REINSTATEMENT 02-04

02/22/04 01092 010 1058.75

4. Date Incorporated or Qualified To Do Business in Florida 5/27/98.

5. FEI Number

65-0857592.

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

PHILIP MANN

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

800 SE 8 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State  
FL

Zip Code  
33316.

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

P. Mann

Date 5/7/04

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
PRESIDENT	PHILIP MANN	800 SE 8TH STREET	FORT LAUDERDALE, FL 33316

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

P. Mann

P. MANN

5/7/04

Date

202 345 0019.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)