


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000058312 1. Entity Name HEIGHTS ENTERPRISE, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
04 OCT 25 PM 12:05

Principal Place of Business 4265 DEER RUN ROAD ST. CLOUD, FL 34769	Mailing Address 4265 DEER RUN ROAD ST. CLOUD, FL 34769
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3519620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RASHID, MOHAMMAD I 1000 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mohammad I Rashid* (NOTE: Registered Agent signature required when reinstating) DATE: 10-21-04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S.; the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, MOHAMMAD I	NAME	
STREET ADDRESS	4265 DEER RUN RD	STREET ADDRESS	000042162550
CITY-ST-ZIP	ST. CLOUD, FL 34772	CITY-ST-ZIP	10/25/04--01075--020 ***150.00
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mohammad I Rashid* Date: 10-21-04 Daytime Phone #: 407-957-2448

10/26/04