

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
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:04

DOCUMENT # **998000068385**

1. Corporation Name
HEIGHTS PROPERTIES, INC.

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-10/23/01--01015--020
****758.75 ****758.75

REINSTATEMENT 01

2. Principal Office Address
150 CHANNEL CT.

3. Mailing Office Address
150 CHANNEL CT.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **8/5/1998**

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

5. FEI Number **65-0866807**
Applied For
Not Applicable

Zip **34145** Country **USA**

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
WALTER S. HAGENBUCKLE

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

Suite, Apt. #, Etc.

City
MARCO ISLAND

State **FL** Zip Code **34145**

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
Walter S. Hagenbuckle

Date **10/11/01**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	WALTER S. HAGENBUCKLE	150 CHANNEL CT. MARCO ISLAND, FL 34145	MARCO ISLAND, FL 34145

Walter S. Hagenbuckle

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: *Walter S. Hagenbuckle*

WALTER S. HAGENBUCKLE

10/11/01 (941)404-8011

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2001 (9/00)