PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JAN 21 PM 2:23

DOCUMENT # P99000008467

1. Corporation Name

Highland Commercial Corporation

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
760-A North Drive		760-A North Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Melbourne, FL		Melbourne, FL	
Zip	Country	Zip	Country
32934	USA	32934	USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida 01/19/1999

5. FEI Number 593554125 ☐ 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
Craig R. Rathbun

Street Address (P.O. Box Number is Not Acceptable)
739-E North Drive

Suite, Apt. #, Etc.

City	State	Zip Code
Melbourne	FL	32934

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 1-16-09

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
D	Craig R Rathbun	760-A North Drive	Melbourne, FL 32934

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01/21/09--01030--019 **1658.75

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 contained in Chapter 119, 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: _____ 1-16-09 970-704-1515

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

THE NOONE LAW FIRM

A PROFESSIONAL CORPORATION

1001 GRAND AVENUE, SUITE 207
P.O. BOX 39
GLENWOOD SPRINGS, CO 81602

TELEPHONE: (970) 945-4500
FACSIMILE: (970) 945-5570
TOLL FREE: (800) 813-1559

January 16, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Return of Certificate of Status for Highland Commercial Corporation

Dear Division of Corporations:

This firm is assisting Highland Commercial Corporation in the reinstatement requested in the enclosed Application.

As such, we would appreciate having the Certificate of Status requested in the Application returned to the P.O. Box shown in the letterhead above.

Thanks for your assistance in this matter. Should you have any questions or concerns, please don't hesitate to call me.

Very truly yours,

THE NOONE LAW FIRM
A Professional Corporation

Patrick Barker II

Patrick Barker
pbarker@noonelaw.com