

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99 0000 72219**

1. Corporation Name

HIGH SKIES, INC.

2. Principal Office Address

868 106TH AVE. N.

Suite, Apt. #, etc.

3. Mailing Office Address

257 HUDSON TRACE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34108

Country

US

City & State

AUGUSTA, GA

Zip

30907

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/9/1999

5. FEI Number

59-3607071

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

THOMAS WANDERON

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

868 106TH AVE. N.

Suite, Apt. #, Etc.

City

NAPLES, FL

State

FL

Zip Code

34108

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]

REGISTERED AGENT MUST SIGN

Date

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
P, S, T D	TAMARA J. WORSNOP	257 HUDSON TRACE	AUGUSTA, GA 30907

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:

Tamara J. Worsnop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 407-312-1257

Date

Daytime Phone #

CR2E081 (01/04)