

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.

REINSTATEMENT 03-04

2. Principal Office Address
868 106TH AVE. N.

3. Mailing Office Address
257 HUDSON TRACE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
8/9/1999

City & State
NAPLES, FL

City & State
AUGUSTA, GA

5. FEI Number
59-3607071

Applied For
Not Applicable

Zip Country
34108 US

Zip Country
30907 US

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 Zip Code
FL 34108

700092095857
04/07/04--01040--019 **900.00

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
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 3/31/04 407-312-1257

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

CR2E081 (01/04)