

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080642

1. Corporation Name

HIGH ENERGY SYSTEMS, INC.

Principal Place of Business

1942 EAST SKYLINE DR.
CLEARWATER FL 33763

Mailing Address

1942 EAST SKYLINE DR.
CLEARWATER FL 33763



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1999

Suite, Apt. #, etc.

~~22155 US 19 NORT~~

Suite, Apt. #, etc.

~~22155 US 19 N.~~

5. FEI Number

59-3597143

Applied For

Not Applicable

City & State

~~Clearwater FL~~

City & State

~~Clearwater FL~~

Zip

~~33765~~

Country

Zip

~~33765~~

Country

~~USA.~~

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	DAMBECK, CURTIS W	1942 EAST SKYLINE DR.	CLEARWATER FL 33763

900014107129
03/17/03--01016--008 **\$00.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3-11-03

11. 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:

SIGNATURE REQUIRED
Dambeck

3-11-03

727-797-6440

Date

Daytime Phone #

CR2E040 (8/02)



22155 U.S. 19 North, Clearwater, FL 33765-2365 (727) 797-6440 Fax (727) 797-2855

Systems, Inc.

Dear Sir or Madam

I asking that my reinstatement fee be waived at this time. I didn't receive my 2001 one report I only receive this report I'm sending in. If I own any more money please let me know.

Thanks

A handwritten signature in black ink, appearing to read "C. W. Dambeck", written in a cursive style.

Curtis W. Dambeck