			COMPLETING THIS F	ORM.
	Seire	RTMENT OF STATE Anna Har vis arr of state		LED
DOCUMENT # P9900098868 1. Corporation Name			OO DEC 26 PH 2: 20 SECRETARY OF STATE TAULAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				A116 40114 78186 18181 18128 81683 1811 4881
4692-SUSSEX-TERRACE4692-SUSSEX-TERRACE ORLANDO-FL-22811ORLANDO-FL-22811		ł		
above addresses are incorrect in any way, line th				
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable 6430 River Rd Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	11/08/1999
ty & State	City & State Nen Smyrns	1 0	5. FEI Number	Applied For Not Applicable
2169 Volusia	Zip 32169	Country Volusia	6. CERTIFICATE OF STATUS DESIRE	- \$8.75 Additional Fee required
Names and Street Addresses of Each Officer an Name of Officers		ofit corporations must list at le		
Title(s) 2 and/or Directors		Street Address of Eacl Officer and/or Directo		City / State / Zip
es. Sarah B. Gue to.	chow 643	River Road	- New Smyn	u Bel FG 32169
		yy protandiki -		89093051 1/0101035003 50.00
				* SP
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent	
GUETSCHOW, SARAH B -4692 SUSSEX TERRACE ORLANDO FL-32811	6430 R	Name Street Address (P.O. Box Number is Not Acceptable) <u>U.Y.30_Riner</u>		
t, being appointed the registered agent of the at	pove named corporation, am	City New Smyr familiar with and accept the o		State Zip Code FL 32/69
gnature of Mall Thirt	EGISTERED ADENT MUS	EQUIRED	Date #//19	100
I certify that I am an officer or director or the rece this reinstatement application, the reason for dis- owed by the corporation have been paid and the on this application is true and accurate, and my set.	solution has been eliminated a names of individuals listed	, the corporate name satisfies on this form do not qualify for	the requirements of section 607.040 an exemption under section 119.07(l or 617.0401, F.S., that all fees
	BE Darra	B Gutsiter	11/15/10	904-478-0220
JISNATURE AND TIPED UR P	RINTED NAME OF SIGNING OF	FIGER OR DIRECTOR	J Unte	- Uayume Phone #

DO NOT REMOVE!

November 30, 2000

Florida Department of State Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

This is a letter of request to whom it may concern.

Dear Sir or Madam:

My name is Sarah B. Guetschow and I am the President of High Expectations, Inc., of New Smyrna Beach, Florida. I have received an application for reinstatement and was not certain of why that happened. When I called, the lady who helped me said that the annual report had not yet been received. Actually I never received the report to fill out and return to you. You may get these letters all the time so I hope eyes aren't rolling quite yet, but I am telling you the truth when I say that I never received the report to fill out. In addition I moved my offices from Orlando to New Smyrna Beach and perhaps the report was never forwarded.

You see I have a tax professional who handles any and all reports and the like, and I always send them any correspondence I receive either from the IRS or corporate documents to be completed. I like to believe I am efficient in my business matters – especially when there are large amounts of money involved. I have to tell you that when I saw the amount of reinstatement I felt a bit ill. I am requesting a one-time waiver of this fee and a heartfelt promise that I will make sure any and all documentation that comes into this business is fulfilled in a timely fashion. I hope you will grant me leniency in this matter and know that I am true to my word.

I hope this Holiday Season brings you and your family many blessings.

Sincerely yours,

Sarah B. Guerschow High Expectations, Inc.