

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S52371**

1. Corporation Name

**HIGH POINT ENTERPRISES, INCORPORATED**

Principal Place of Business

25 SHADOWBROOK ROAD  
SHREWSBURY NJ 07702

Mailing Address

25 SHADOWBROOK ROAD  
SHREWSBURY NJ 07702

If above addresses are incorrect in any way, the following correct information must be submitted below:

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

323 Port Richmond Ave  
Suite, Apt. #, etc.  
City & State  
STATEN ISLAND NY  
Zip  
10302  
Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

05/10/1991

5. FEI Number

22-2975665

Applied For  
Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use P.O. Office Box Numbers)	City / State / Zip
1	2	3	4
PT	GUNTHER, ROBERT C	25 SHADOWBROOK RD	SHREWSBURY NJ
S	GUNTHER, JAYNE C	25 SHADOWBROOK RD	SHREWSBURY NJ
TRANS/DIR	DANISCHESKI, ROY K	323 Port Richmond Ave	STATEN ISLAND, NY, 10302

8. Name and Address of Current Registered Agent

GUNTHER, KERRY M.  
340 PIEMELLAS BAYWAY  
TIERA VERDE FL 33371

9. Name and Address of New Registered Agent

Name  
MICHAEL D WEBBER  
Street Address (P.O. Box Number is Not Acceptable)  
325 Island Way  
Suite, Apt. #, Etc.  
Unit 103  
City  
CLEARWATER

State  
FL  
Zip Code  
33767

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.

Signature of Registered Agent

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(b), 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

718-793-6001

Date of Filing

FILED  
99 APR 12 PM 9:13  
STATE  
FLORIDA

**REINSTATEMENT 98-99**

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-05/04/99--01042--011  
\*\*\*\*900.00 \*\*\*\*900.00

CR25040 (9/98)