PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 201439

1. Corporation Name: ONE HARBOUR WAY, INC.
One Harbour Way
Bal Harbour, Florida 33154

Principal Place of Business / Mailing Address:

ONE HARBOUR WAY, INC.
1 HARBOUR WAY, APT 306
BAL HARBOUR, FL. 33154-1381

If above addr

2. New Princi

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

REINSTATEMENT 95-96 ao

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 960002038099--5
-12/26/96--01015--011

5. FEI Number: 59-0801729 ***575.00 ***575.00 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Jerry Grabill	One Harbour Way	Bal Harbour, FL 33154
VP	Joseph Elliot	One Harbour Way, #107	Bal Harbour, FL 33154
SEC	Charles Velardo	One Harbour Way, #308	Bal Harbour, FL 33154
DIR	Jack Sugar	One Harbour Way, #301	Bal Harbour, FL 33154
DIR	MARY VENTURI	159 Bal Bay Drive	Bal Harbour, FL 33154

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: FRED R. STANTON

Street Address (P.O. Box Number is Not Acceptable): Suite 500 1111 Lincoln Road

Suite, Apt. #, Etc.: Miami Beach

City | State: FL | Zip Code: 33139

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: [signature] Date: 11/20/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 11/20/96

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

CR2E036 (11/95)