PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 21 AM 8:00

DOCUMENT # 727464

REINSTATEMENT 03 MRS

1. Corporation Name

KEYSTONE HARBOR CLUB CONDOMINIUM ASSOCIATION INC.

10/27/03 01018 006 *236.25

2. Principal Office Address	**3.** Mailing Office Address
13155 ITONA COURT 33181 NMIAMI FL	SAME
Suite, Apt. #, etc. OFFICE	Suite, Apt. #, etc. SAME
City & State NORTH MIAMI FL	City & State SAME
Zip 33181 Country U.S.A	Zip SAME Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 1973

5. FEI Number 59-1542964 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TONY BROLATO

Street Address (P.O. Box Number is Not Acceptable): 13155 ITONA COURT

Suite, Apt. #, Etc.: OFFICE

City: NORTH MIAMI | State: FL | Zip Code: 33181

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 _____ Date NOVEMBER 11-2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES.	COHAN, ARNI	13155 ITONA COURT UNIT 704 NORTH MIAMI FL 33181	NORTH MIAMI FL 33181
V.PRE.	PARKER, ADRAIN	2999 SOMBRERO BLVD.	MARATHON FL 33050
TRES.	DEREDA, TONY	13155 ITONA COURT UNIT #101	NORTH MIAMI FL 33181
SEC.	GIVENS, LINDA	13155 ITONA COURT UNIT #711	NORTH MIAMI FL 33161
D	KATTELMAN, JOHN	13155 ITONA COURT UNIT #1104	NORTH MIAMI FL 33181

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: Arni Cohan President 11-18-03 305-891-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #