PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 AM 10:13

DOCUMENT # V52670

1. Corporation Name

HARLEY CREEK, NC, INC.

2. Principal Office Address	**3.** Mailing Office Address
100 S.E. 2nd Street	100 S.E. 2nd Street
Suite, Apt. #, etc.: 17th Floor	Suite, Apt. #, etc.: 17th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country:	Zip: 33131 Country:

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/1992

5. FEI Number: 65-0349104 ☐ 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: GORDON, HOWARD W.

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12/31/01--01071--020
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street

Suite, Apt. #, Etc.: 17th Floor

City: Miami, FL State: FL Zip Code: 33131

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: 10 Dec 2001
REGISTERED AGENT MUST SIGN

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
DPT	LEVITT, VIRGINIA	8045 S.W. 89 Street	Miami, FL
S	GORDON, HOWARD W.	100 S.E. 2nd Street, 17Fl	Miami, FL 33131

18/12/28

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: _____ 19 Nov 2001 305-289-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #