


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V52670</b> 1. Corporation Name HARLEY CREEK, NC, INC.			
2. Principal Office Address 100 S.E. 2nd Street Suite, Apt. #, etc. 17th Floor City & State Miami, FL Zip 33131		3. Mailing Office Address 100 S.E. 2nd Street Suite, Apt. #, etc. 17th Floor City & State Miami, FL Zip 33131	

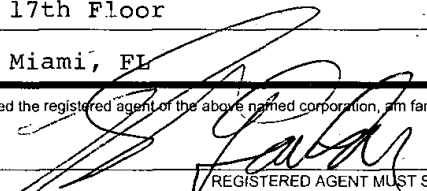
FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 19 AM 10:13

DEINSTATEMENT 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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name GORDON, HOWARD W.		700004745267-0 12/31/01-01071-02 ***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.

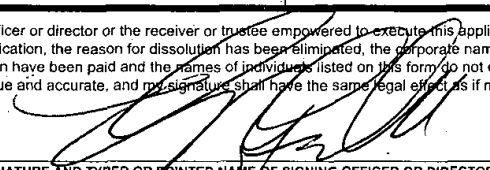
Signature of Registered Agent:  Date: 10/20/01

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, 17th Floor	Miami, FL 33131

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:  Date: 19 Nov 2001 Daytime Phone #: 305-289-9200