PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JAN 20 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
One Harbour Way, Inc. DOCUMENT #201439

2. Principal Office Address	3. Mailing Office Address
One Harbour Way	One Harbour Way
Suite, Apt. #, etc.: Apt. 106	Suite, Apt. #, etc.: Apt. 106
City & State: Bal Harbour, Florida	City & State: Bal Harbour, Florida
Zip: 33154 Country: US	Zip: 33154 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/08/1957

5. FEI Number: 59-0801729 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard A. Wood, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1395 Brickell Avenue REINSTATEMENT 03-05

Suite, Apt. #, Etc.: Fourteenth Floor

City: Miami 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 01/20/2005
REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

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
P	Jack Sugar	One Harbour Way, Apt. 301	Bal Harbour, FL 33154
S/T	Frederick Zieglar	One Harbour Way, Apt. 204	Bal Harbour, FL 33154
D	Leslie Leighton	One Harbour Way, Apt. 307	Bal Harbour, FL 33154
D	Joseph Sugar	One Harbour Way, Apt. 202	Bal Harbour, FL 33154
D	Kirk Whiting	One Harbour Way, Apt. 207	Bal Harbhour, FL 33154

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: _____ F.W. ZIEGLER 1/20/05 305 865-3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000015701 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

CORPORATION REINSTATEMENT

ONE HARBOUR WAY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

Electronic Filing Menu Corporate Filing Public Access Help