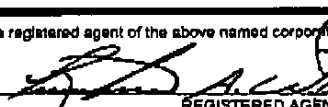
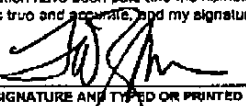


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 JAN 20 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FL 32304	
DOCUMENT # 1. Corporation Name One Harbour Way, Inc. DOCUMENT #201439					
2. Principal Office Address One Harbour Way Suite, Apt. #, etc. Apt. 106 City & State Bal Harbour, Florida Zip 33154		3. Mailing Office Address One Harbour Way Suite, Apt. #, etc. Apt. 106 City & State Bal Harbour, Florida Zip 33154		4. Date Incorporated or Qualified To Do Business in Florida 04/08/1967 5. FEI Number 59-0801729 6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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 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					
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 Ziegler	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 Harbour, 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)(f), 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 #	

CREATED BY: 01/20/05

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

ONE HARBOUR WAY INC

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