

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 14 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 382153

1. Corporation Name

Harbour Real Estate Investment, Inc

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

8925 SW 148 ST

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 218

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/14/1971

5. FEI Number

59-1354309

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
David F Slmon

Street Address (P.O. Box Number is Not Acceptable)
8925 SW 148 ST

Suite, Apt. #, Etc.
SUITE 218

City
MIAMI, FLORIDA

State
FL

Zip Code
33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Slmon

Date 04/27/2007

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
PSTD	SETH WERNER	201 CRANDON BLVD #629	KEY BISCAYNE, FL 33149

590103520236
05/30/07--01021--008 **1050.00

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 contained in Chapter 119, 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:

Seth Werner

Seth Werner-Officer

04/30/2007

305-458-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.5/23