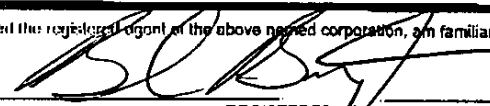
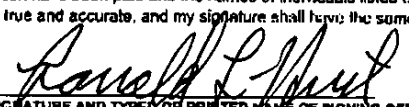


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768145			
1. Corporation Name Harbour Drive Condominium Association, Inc.			
2. Principal Office Address 800 Harbour Drive Suite, Apt. #, etc.		3. Mailing Office Address 800 Harbour Drive Suite, Apt. #, etc.	
City & State Naples, Florida Zip 34103 Country USA		City & State Naples, Florida Zip 34103 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 4/26/1983		5. FEI Number 59-2491516 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 Bradley D. Bryant, Esq. Address (P.O. Box Number if acceptable) 1415 Panther Lane, Suite 349 City Naples State FL Zip 34109			
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 10/17/2005 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ronald L. Hurt	537 Bay Villas Lane	Naples, FL 34108
VP	William R. Vines	800 Harbour Drive	Naples, FL 34103
ST	Wafaa Assaad	790 Harbour Drive #2C	Naples, FL 34103
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:  10/17/05 239-649-1551 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



BRYANT LAW OFFICE

1415 Panther Lane
Suite 349
Naples, FL 34109

Tel: (239) 566.1001
Fax: (239) 591.6764
Web: www.naples-law.com
Email: bbryant@naples-law.com

Bradley D. Bryant

October 19, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Harbour Drive Condominium Association, Inc.

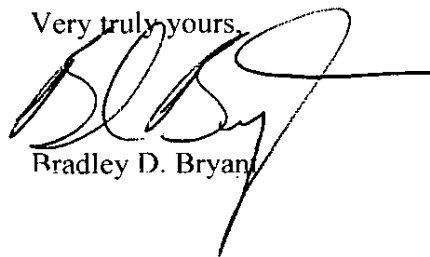
Dear Secretary:

Enclosed please find the Corporation Reinstatement Form for Harbour Drive Condominium Association, Inc. and a check in the amount of \$1,277.50 for the reinstatement fee.

If you should need additional information, please contact my office.

Thank you.

Very truly yours,



Bradley D. Bryant

Enc. As stated