PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (12/05)

1. Corporation Name

New High Hawk of Vero Property Owners' Association Phase One, Inc. (Pursuant to Amendment of High Hawk of Vero Property Owners' Association Phase One, Inc.)

2. Principal Office Address		**3.** Mailing Office Address	
2001 9th Avenue		2001 9th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 308		Suite 308	
City & State		City & State	
Vero Beach, FL		Vero Beach, FL	
Zip	Country	Zip	Country
32960	USA	32960	USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 27-0128580 ☐ 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: Joel S. Piotrkowski, Esq.

Street Address (P.O. Box Number is Not Acceptable): 317 - 71st Street

Suite, Apt. #, Etc.:

City: Miami Beach | State: FL | Zip Code: 33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 1-31-06

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/D	Jarrod Markofsky	1935 32nd Avenue	Vero Beach, FL 32960
V-P/D	Stanley Markofsky	3696 N. Federal Highway Suite 308	Ft. Lauderdale, FL 33308
Sec/D	Mark Ackerman	7331 Office Park Place Bldg. A, Suite 400	Viera, FL 32940

04-06
T. Lewis

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: Jarrod Markofsky Jarrod Markofsky 772-770-4057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #