


13 AUG 27 AM 9 41

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<div>13 AUG 27 AM 9:41</div>																	
DOCUMENT # NO4000011839																							
1. Corporation Name SHORE VILLAS CONDOMINIUM ASSOCIATION OF HUTCHINSON ISLAND, INC.																							
2. Principal Office Address - No P.O. Box # 5267 NE SHORE VILLAGE TERRACE STUART FL 34996-1559 Suite, Apt. #, etc.				3. Mailing Office Address SAME Suite, Apt. #, etc.																			
City & State STUART, FL				City & State ← SAME																			
Zip 34996		Country MARTIN		Zip 34996		Country MARTIN																	
7. Name and Address of Current Registered Agent				4. Date Incorporated or Qualified To Do Business in Florida DEC. 20, 2004																			
Name EDWARD HENRY				5. FEI Number 84-1684059		Applied For Not Applicable																	
Street Address (P.O. Box Number is Not Acceptable) 470 SE. ST. LUCIE BLVD.				6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status																	
Suite, Apt. #, Etc.																							
City STUART		State FL		Zip Code 34996		800251138898 08/27/13--01026--011 **420.00																	
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 [Signature]				Date 8/21/13																			
REGISTERED AGENT MUST SIGN																							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																							
<table><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr><tr><td>P</td><td>EDWARD HENRY</td><td>470 SE. ST. LUCIE BLVD</td><td>STUART, FL 34996</td></tr><tr><td>V</td><td>GEORGE LUCAS</td><td>1612 NE. OCEAN BLVD.</td><td>STUART, FL 34996</td></tr><tr><td>T/S</td><td>SANDRA HENRY</td><td>5267 NE. SHORE VILLAGE TERRACE</td><td>STUART, FL 34996</td></tr></table>								Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	EDWARD HENRY	470 SE. ST. LUCIE BLVD	STUART, FL 34996	V	GEORGE LUCAS	1612 NE. OCEAN BLVD.	STUART, FL 34996	T/S	SANDRA HENRY	5267 NE. SHORE VILLAGE TERRACE	STUART, FL 34996
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REINSTATEMENT						AUG 27 2013																	
R. HUNT																							
10. E-mail Address: E HENRY @ I PRE .COM (To be used for future annual report notification)																							
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.																							
SIGNATURE: Sandra G. Henry				8-21-13		772-225-509																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #																	