PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 28 AM 10: 45

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DOCUMENT # N10608

1. Corporation Name
HARBOR VILLAS CONDOMINIUM ASSOCIATION OF HENDRICK'S ISLE, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1314 E LAS OLAS BLVD		1314 E LAS OLAS BLVD	
Suite, Apt. #, etc.: SUITE # 285		Suite, Apt. #, etc.: SUITE # 285	
City & State: FORT LAUDERDALE, FL		City & State: FORT LAUDERDALE, FL	
Zip: 33301	Country: USA	Zip: 33301	Country: USA

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4. Date Incorporated or Qualified To Do Business in Florida: 08/08/1985

5. FEI Number ☐ 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: MARIA C. GARBATI

Street Address (P.O. Box Number is Not Acceptable): 1314 E LAS OLAS BLVD

Suite, Apt. #, Etc.: SUITE # 285

City: FORT LAUDERDALE State: FL Zip Code: 33301

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: JUNE 24, 2010
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	CARMEN C. LAURIA	1314 E LAS OLAS BLVD, SUITE # 285	FORT LAUDERDALE, FL 33301
VP/D	MARIA C. GARBATI	1314 E LAS OLAS BLVD, SUITE # 285	FORT LAUDERDALE, FL 33301
S/D	AIDA H. JAEN	1314 E LAS OLAS BLVD, SUITE # 285	FORT LAUDERDALE, FL 33301

10. **E-mail Address:** mcgarbati@inwoodgroup.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., 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.

SIGNATURE: [signature] Maria Clara Garbati 06/24/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #