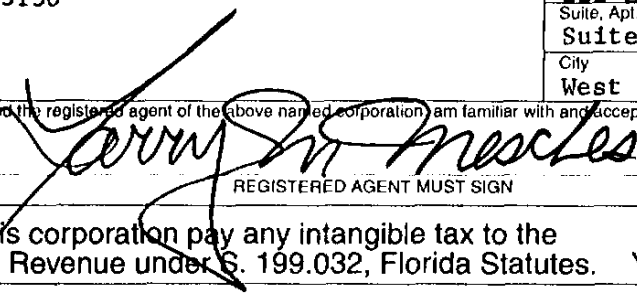
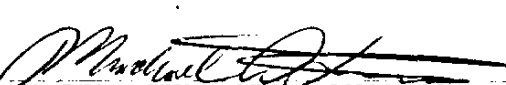


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 SEP 29 AM 8:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N95000001195					
1. Corporation Name MISTY CAY H. O. A., INC.					
Principal Place of Business Brickell Bay View Tower 80 SW 7th St., #1870 Miami, FL 33130		Mailing Address 222 Lakeview Ave., #260 West Palm Beach, FL 33401			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 03/14/95	
		5. FEI Number 650655956		Applied For ☐ Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☒		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/S/D	Allen Hearne	80 SW 7th St., #1870	Miami, FL 33131		
V/D	Michael Smith	80 SW 7th St., #1870	Miami, FL 33130		
T/D	Sharron Gine	80 SW 7th St., #1870	Miami, FL 33130		
			400002310574--1 -10/02/97--01117--001 ****306.25 ****306.25 REINSTATEMENT 96-97 SL 10-2-97		
8. Name and Address of Current Registered Agent KATHERINE NOLTING 1451 South Miami Avenue Miami, FL 33130			9. Name and Address of New Registered Agent Name LARRY M. MESCHES, ESQ. Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Avenue Suite, Apt. #, Etc. Suite 260 City West Palm Beach State FL Zip Code 33401		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 9/26/97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL SMITH - VICE PRESIDENT/DIRECTOR			9/17/97 (561) 966-1921 Date Daytime Phone #		

CR2E040 (12/96)