

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 31 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044431

1. Corporation Name

HBYC, INC.

800009756338
12/31/02--01014--017 **750.00

REINSTATEMENT 02

800009756338
12/31/02--01014--018 **8.75

2. Principal Office Address
3600 S. Ocean Blvd.

3. Mailing Office Address
3600 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Highland Beach, FL

Highland Beach, FL

Zip

Country

Zip

Country

33487

US

33487

US

4. Date Incorporated or Qualified
To Do Business in Florida 05/02/2000

5. FEI Number
65-1009871

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

Stephen J. Helfman

Street Address (P.O. Box Number is Not Acceptable)

2665 S. Bayshore Drive

Suite, Apt. #, Etc.

420

City

Miami

State
FL

Zip Code
33133

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]

REGISTERED AGENT MUST SIGN

Date 12-27-02

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	Peggy A. Scharlin	10 Edgewater Drive, #4A	Coral Gables, FL 33138
VP	John M. Lundsten	2200 Boca Raton Blvd. #212	Boca Raton, FL 33431
VP	Daniel K. O'Donnell	2200 Boca Raton Blvd. #212	Boca Raton, FL 33431
VP	Stephen J. Helfman	2665 S. Bayshore Drive #420	Miami, FL 33133
D/ST	Kenia Sanchez	1399 SW First Avenue #400	Miami, FL 33130
D	David M. Scharlin	8854 SW 132nd Street	Miami, FL 33176

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-02 (305) 854-0800

Date

Daytime Phone #

Stephen J. Helfman, Vice President

jr 113

CPZED01 (9/01)