FILED
07 JUL 09 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000081115

1. Corporation Name
HARBOR KEY CORP II

REINSTATEMENT 04-07

WOP

2. Principal Office Address: 201 S BISCAYNE BLVD	3. Mailing Office Address: 201 S. BISCAYNE BLVD.
Suite, Apt. #, etc.: Suite 1200	Suite, Apt. #, etc.: Suite 1200
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date incorporated or Qualified To Do Business in Florida: 08/17/2001

5. FEI number: 74-3017745 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

Name: YOLANDA SUAREZ

Street Address (P.O. Box number is not acceptable): 201 S BISCAYNE BLVD.

Suite, Apt. #, etc.: SUITE 1200

City: MIAMI State: FL Zip Code: 33131

☒ The reinstatement fee is imposed except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. Having been named as registered agent of the above named corporation, I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date ____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Allen R Stanford	201 S BISCAYNE Blvd Ste 1200	Miami FL 33131
S	Yolanda Suarez	201 S Biscayne Blvd Ste 1200	Miami, FL 33131

10. I certify that I am an officer or director of the corporation 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 corrected, 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: [signature] YOLANDA M. SUAREZ

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

Florida Department of State
Division of Corporations
Public Access System

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Account Number : I20000000236
Phone : (305)810-2542
Fax Number : (305)810-2460

Please note that prior notices were not received and the reinstatement fee should be waived.

Thanks!

CORPORATION REINSTATEMENT

HARBOR KEY CORP. II

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$1,200.00

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