Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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CORPORATION REINSTATEMENT
HC FLORIDA CONDO, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P02000051519~~ P02000051519

1. Corporation Name

HC Florida Condo, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5244 Wyntercreek Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunwoody, GA	City & State:
Zip: 30338 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/09/2002

5. FEI Number: 02-0607594 (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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.:

City: Plantation State: FL Zip Code: 33324

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: Terrell Kearney Asst. Secretary Date: 04/14/2014

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
PTSD	Wayne A. Hudak	5244 Wyntercreek Drive	Dunwoody, GA 30338

REINSTATEMENT

2014-2015

S. HAWKES

APR 14 A.M.

EXAMINER

10 E-mail Address: pdaniels@millermartin.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 the 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: Wayne A Hudak 13 Apr 2015 770-361-0329

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