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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 APR -10 AM 9:48

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074789

1. Corporation Name

Harbour Group, Inc.

00-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
1643 Brickell Avenue	1643 Brickell Avenue
Suite, Apt. #, etc. #4902	Suite, Apt. #, etc. #4902
City & State Miami, Florida	City & State Miami, Florida
Zip 33129 Country USA	Zip 33129 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/28/93

5. FEI Number 650447786 ☐ 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: Cynthia G. Wilcox

Street Address (P.O. Box Number is Not Acceptable): 1643 Brickell Avenue

Suite, Apt. #, Etc.: #4902

City: Miami | State: FL | Zip Code: 33129

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: Cynthia Wilcox 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	Cynthia G. Wilcox	1643 Brickell Avenue, #4902	Miami, Florida 33129

AD

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: Cynthia G. Wilcox 12-10-00 305-778-1555

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

Cynthia G. Wilcox, President

Client No. 94175-1

Pages: 2

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : HILL, WARD & HENDERSON, P.A. II
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)221-2900

CORPORATION REINSTATEMENT

HARBOUR GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00