


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

CORPORATION REINSTATEMENT

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

FILED

00 DEC 22 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074132

1. Corporation Name

Harbor Key Corp.

2. Principal Office Address

201 S. Biscayne Ave.

3. Mailing Office Address

201 S. Biscayne Ave.

Suite, Apt. #, etc.

2380

Suite, Apt. #, etc.

2380

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/98

5. FEI Number

760617605

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

12/22/00

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
P	Yolanda M. Suarez	201 S. Biscayne Ave. #2380	Miami, FL 33131
T/S	Harry Failing	8323 S.W. Frwy #455	Houston, TX 77074
D	R. Allen Stanford	5050 Westheimer	Houston, TX 77056
			700003511767--1

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:

L. Failing

12/21/00

713-771-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)



20/2

ACCOUNT NO. : 072100000032

REFERENCE : 942739

7108850

Patricia Pijet

AUTHORIZATION :

COST LIMIT : \$ 758.75

ORDER DATE : December 22, 2000

ORDER TIME : 11:18 AM

ORDER NO. : 942739-005

CUSTOMER NO: 7108850

700003511787--1

CUSTOMER: Ms. Leigh Bryars
Stanford Financial Group Co.
5050 Westheimer
Stanford Financial Group Bldg.
Houston, TX 77056

DOMESTIC FILINGS

NAME: HARBOR KEY CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson
EXAMINER'S INITIALS _____

2000 DEC 22 PM 12:07

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE