PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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****848.75 ****848.75

DOCUMENT # 720071

1. Corporation Name
THE EAST COVE COMMUNITY CLUB INC.

WDL-13753

REINSTATEMENT 92-02

2. Principal Office Address	3. Mailing Office Address
10145 EAST BASS CIR	C/O HERB FULLER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
INVERNESS, FLORIDA	INVERNESS, FLA
Zip: 34450 Country: CITRUS	Zip: 34450 Country: CITRUS

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — 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: HERBERT L. FULLER

Street Address (P.O. Box Number is Not Acceptable): 10145 EAST BASS CIRCLE

Suite, Apt. #, Etc.:

City: INVERNESS State: FL Zip Code: 34450

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: Herbert L Fuller Date: 5/1/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D;R. PRES.	HERBERT L. FULLER D	10145 EAST BASS CIR	INVERNESS, FLA 34450
D;R. SEC.	BARBARA CAZEAULT D	10153 EAST BASS CIR.	INVERNESS, FLA 34450
D;R D;R.	LYLE COLLINS D	10106 EAST BASS CIR.	INVERNESS, FLA 34450

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: Herbert L Fuller 5/1/02 (352) 344-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #