

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746876**

1. Corporation Name
Cove Springs Condominium Association

Principal Place of Business Mailing Address
**509 East M. L. King Jr. Dr.
Suite 510
Tarpon Springs, FL 34689**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
4805 Alt 19 North
City & State
Palm Harbor, FL
Zip
34683 Country
USA

3. New Mailing Office Address, if Applicable
C/O Community Management Svcs, Inc.
Suite, Apt. #, etc.
8406 Massachusetts Ave Ste B-3
City & State
New Port Richey, FL
Zip
34653 Country
USA

4. Date Incorporated or Qualified to Business in Florida
4. Date Incorporated or Qualified to Business in Florida

5. FEI Number
59-2685890 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

FILED
97 JUL -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-97

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	John Sortino	4805 Alt. 19 N. #216	Palm Harbor, FL 34683
V. Pres	Virginia Hart	4805 Alt. 19 N. #523	Palm Harbor, FL 34683
Treas.	Lula Klingler	4805 Alt. 19 N. #111	Palm Harbor, FL 34683
V. Pres	James Ganas	1717 Grand Central Drive	Tarpon Springs, FL 34689

30000223069-1
-07/08/97-01074-003
****297.50****297.50

8. Name and Address of Current Registered Agent

Peter Perhach
Preferred Management
509 East M. L. King Jr. Dr.
Tarpon Springs, FL 34689

9. Name and Address of New Registered Agent

Name **Kim Johnson**
C/O Community Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
8406 Massachusetts Avenue
Suite, Apt. #, Etc.
Suite B-3
City
New Port Richey, State
FL Zip Code
34653

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Kim Johnson
REGISTERED AGENT MUST SIGN

Date **June 5, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under §. 199.032, Florida Statutes. Yes No

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-07/08/97-01074-003
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(on intangible tax)

12. 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:

John Sortino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Sortino President

6/5/97
Date

(813) 847-3482
Daytime Phone #