

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # N16736
1. Corporation Name

PIRATE COVE ASSOCIATION, INC.

900005973609--1
-06/25/02--01052--023
****358.75 ****358.75

2. Principal Office Address 23001 FRONT BEACH RD
3. Mailing Office Address 23001 FRONT BEACH RD

Suite, Apt. #, etc. VILLA 105
Suite, Apt. #, etc. VILLA 105

City & State PANAMA CITY BEACH FL
City & State PANAMA CITY BEACH FL

Zip 32413 Country USA
Zip 32413 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09-10-1986

5. FEI Number 742450515
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 DEE FOX T/D
Street Address (P.O. Box Number is Not Acceptable) 23001 FRONT BEACH RD
Suite, Apt. #, Etc. VILLA 105
City PANAMA CITY BEACH
State FL Zip Code 32413

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 Dee Fox Date 061502
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/D	BETTY SANDERS	2565 SPRINGVILL	PLEASANT VIEW, TN 37416
V/D	BRENDA FARKMAN	297 RAY THORINGTON RD	PIKE ROAD, AL 36064
S/D	MARY GILREATH	P.O. BOX 115	CROPWELL AL 35054
T/D	DEE FOX	23001 FRONT BEACH RD - VILLA 105	PANAMA CITY BEACH FL 32413
D	ROB NICHOLS	1258 CONCORD RD SUITE 200	SMYRNA, GA 30080-4381

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: Dee Fox DEE FOX 061502 850-235-3589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)