

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB -2 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N35775

**1. Corporation Name**

Sandy Cove Townhomes Condominium Association, Inc.

**2. Principal Office Address**

75000 Overseas Highway

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

U.S.

**3. Mailing Office Address**

2771 N.E. 9TH CT.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33062

Country

U.S.

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/22/89

**5. FEI Number**

65 0165967

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

SCOTT ANDREW

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

2771 N.E. 9TH CT.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33062

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/29/05

**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	Rick Schuh	19 Katydid Ln.	Hanson, MA 02341
V	Scott Andrew	2771 N.E. 9th Ct.	Pompano Beach, FL 33062
T/D	Margaret Wilson	230 Martins Ln.	Media, PA 19063
S	Paula Friedman	4618 N. Dover St.	Chicago, IL 60640
D	Louise Schuh	19 Katydid Ln.	Hanson, MA 02341
700046332057 02/10/05--01012--004 **358.75			

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05

Date

3055179581

Daytime Phone #

CR2ED1 (01/05)