PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR -8 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43590

REINSTATEMENT
00-02

1. Corporation Name
Fay's Cove at Coral Bay Village Association, Inc.

2. Principal Office Address	3. Mailing Office Address
7101 W Commercial Blvd	P.O. Box 26478
Suite, Apt. #, etc.: 4-A	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33319 Country: Broward	Zip: 33320-6478 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 5/23/91

5. FEI Number: 65-0404365 — 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: Steve Valancy

100005308321--7
-04/19/02--01055--007
****358.75 ****358.75

Street Address (P.O. Box Number is Not Acceptable): 311 SE 13th. Street

Suite, Apt. #, Etc.:

City: Ft. Lauderdale, State: FL, Zip Code: 33316

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: _____ REGISTERED AGENT MUST SIGN

Date: 03-01-02

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
P-D	John Haase	6498 Buena Vista Dr.	Margate, FL 33063
TD	John Brodie	6514 Buena Vista Dr.	Margate, FL 33063
SD	John Hall	6521 French Angel Ter.	Margate, FL 33063

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: John R. Haase John R. HAASE Feb 18, 02 954 917-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #