APPLICATION FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

APPROVED AND FILED

1999 AUG 27 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000149

1. Corporation Name

HUGHES COVE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1399 SW 1st ~~Street~~ Avenue Suite 400 Miami, FL 33130	1399 SW 1st ~~Street~~ Avenue Suite 400 Miami, FL 33130

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/1994

5. FEI Number: 65-0462389 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	Howard A. Sharlin	1399 SW First Ave, Suite	400 Miami, FL 33131
DV	John Lanzetta	1399 SW First Ave, Suite	400 Miami, FL 33131
DST	Kenia Sanchez	1399 SW First Ave, Suite	400 Miami, FL 33131

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8. Name and Address of Current Registered Agent

Howard R. Scharlin
1399 SW 1st ~~Street~~ Avenue
Suite 400
Miami, FL 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State: FL | Zip Code

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: _____ Date: 8/24/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.) AD

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: _____ 8/24/99 305-358-4333

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