

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 AM 11:19

DOCUMENT # **N94000005952**

1. Corporation Name
COCONUT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 142 PINE HILL TRAIL WEST TEQUESTA FL 33469	Mailing Address 142 PINE HILL TRAIL WEST TEQUESTA FL 33469
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REINSTATEMENT 99

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		4. Date Incorporated or Qualified To Do Business in Florida 12/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0543945	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	RIPMA, GORDON R	142 PINE HILL TRAIL WEST	TEQUESTA FL 33469
VSD	RIPMA, JERILEE	142 PINE HILL TRAIL WEST	TEQUESTA FL 33469
D	DEWITT, BETTY	11 DEWITT TERRACE	TEQUESTA FL 33469

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 *****236.25 *****236.25

8. Name and Address of Current Registered Agent WHITE, CHARLES R.L. ESQ. 725 N. A1A SUITE E102 JUPITER FL 33477		9. Name and Address of New Registered Agent Name GORDON RIPMA Street Address (P.O. Box Number is Not Acceptable) 142 PINE HILL TRAIL W. Suite, Apt. #, Etc. City TEQUESTA State FL Zip Code 33469	
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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 [Signature] **REQUIRED** Date 10/12/99
 REGISTERED AGENT MUST SIGN

11. 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)(f), 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] **REQUIRED** Date 10/12/99 Daytime Phone # (561) 440301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/99)

AD