


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 NOV 12 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004630**

1. Corporation Name  
**C/HP COVE, INC.**

Principal Place of Business <b>CLIPPER COVE APARTMENTS 1500 SOUTHERN CROSS LANE BOYNTON BEACH FL 33435</b>	Mailing Address <b>10227 WINCOPIN CIRCLE SUITE #800 COLUMBIA MD 21044</b>
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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	<b>09/29/1995</b>
5. FEI Number	<b>52-1949584</b>
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	EDMONDSON, JAMES A	1350 BEVERLY ROAD, SUITE 200	MCLEAN VA 22102
DV	CORBETT, JOHN	319 CLEMATIS STREET, SUITE 409	WEST PALM BEACH FL 33401
D	SISSMAN, MARK K	10227 WINCOPIN CIRCLE	COLUMBIA MD 21044
S	BERG, JEFFREY	10227 WINCOPIN CIRCLE	COLUMBIA MD 21044
T	HELMS, DIANA	10227 WINCOPIN CIRCLE	COLUMBIA MD 21044

**REINSTATEMENT** *Handwritten signature*

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. **900002347749--1**  
City **FL**

**-11/14/97--01086--002**  
**\*\*\*\*245.00**

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 *Patricia Pizzuto* **Patricia Pizzuto, as agent for The Prentice-Hall Corporation System, Inc.** Date **11-6-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

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: *Jeffrey C. Berg* **Jeffrey C. Berg, Secretary** Date **11-10-97** Daytime Phone # **410-964-1230**

CR2040 (8/97)