2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 184110

1. Entity Name
COVE BEACH CLUB. INC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Principal Plac 500 SOUTH (ATTEN: NIGH DEFRIELD BI	OCEAN WAY	iling Address DO SOUTH OCEAN WAY TEN: NICHOLAS LAROCCA - 4087 ERIELD BEACH, FL 33441			KLUP	RE	I	ATZ	TE.	ME)	NTO	11.06-	
,	Place of Business - No P.O. Box		Mailing Address	JJ441									
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		<u>.</u>		,,,,,,						
			City & State				02162007 REIN-P CR2E098 (1/07						_
City & State			City & State				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					Applied For Not Applicab	ole
Zip	Country		Zip	Cour	ntry	5. Certil	ficate	of Status Desired		\$8.75 / Fee Requ			
	6. Name and Address of C	urrent Regis	tered Agent	-L			7. Name	e and	Address of New	Registere			
ROBERT I	KAYE & ASSOCIATES, P	Α			Name								
6251 NOR	TH WEST 6TH WAY JDERDALE, FL 33309				Street A	ddress (I	P.O. Box N	Numbe	er is Not Acceptat	ole)		<u> </u>	
					City					F	Zip C	ode	-
	named entity submits this stater ions of registered agent.	ment for the p	ourpose of changing it	s register	red office or	r register	ed agent,	or bot	h, in the State of I	lorida. La	m familiar wi	th, and accep)I
SIGNATURE.			-8-										
	Signature, typed or printed name of register	ed agent and title	if applicable. (ND	TE: Registe	red Agent sign:	ature requir	d when reins	stating)	 -	DAT	E		4
FII	LE NOW!!! FEE IS \$300.	.00							In accordance corporation di				
10.	Y****	S AND DIRE	CTORS	11.		,			CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 11	\exists
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STREET ADDRESS	500 SOUTH OCEAN WAY DEERFIELD BEACH, FL 33441				EET ADDRESS Y-ST-ZIP								
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NAME	DOHERTY, EDWARD		7	NAN		Rok	ert	え	lupt				
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NAME	FONSECA, EVANGELINE			NAN	-	Br	RBA	RA	S �	RG-I			
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NAME	LAROCCA, NICHOLAS		•	NAN		¥15∢	ecre	tar	~	al t. a		•	
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NAME				NAA			-	70	00922	219		= -	
STREET AODRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP		03/	/12/	0701019	0 <u>10</u>	**300	0.00	
	L certify that the information suppli	ed with this f	iling does not qualify f			ontained	in Chapte	ar 119	Florida Statutes	I further o	ertify that the	e information	\dashv
indicated	on this report or supplemental reporation or the receiver or truste	eport is true :	and accurate and that	my signa	ature shall h	ave the s	same legal	Leffec	t as if made unde	r oath: tha:	t Lam an offic	cer or director	, i
changed.	or on an attachment with an ad	dress, with a	I other like empowered	j.			,		o. and wat my na	uppea	S III GIOCK IC	JOI WOOK III	"

954-725-6436 Daylime Phone #