PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

APPROVED
FILED
03 OCT 24 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751405

1. Corporation Name
THE COVE TOWNHOUSE ASSOCIATION, INC.

REINSTATEMENT 89-03
FLORIDA DEPT. OF STATE
10/24/03- 01024--013 **1093.75

2. Principal Office Address	3. Mailing Office Address
3119 SW 27 AVENUE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: SAME
Zip: 33133 / Country: USA	Zip: SAME / Country: SAME

4. Date Incorporated or Qualified To Do Business In Florida: 03-06-1980

5. FEI Number: 59-2059535 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: LUIS F. DE LA CRUZ, JR.
Street Address (P.O. Box Number is Not Acceptable): 95 MERRICK WAY
Suite, Apt. #, Etc.: SUITE 440
City: CORAL GABLES State: FL Zip Code: 33134

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 _____ Date 10/22/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/92)

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
PTD	FREDERICK METCALF	3119 SW 27 AVENUE	MIAMI, FL 33133
SD	DAVID POPHAM	3119 SW 27 AVENUE	MIAMI, FL 33133
D	DAVID MCCOY	3166 COMMODORE PLAZA	MIAMI, FL 33133

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: _____ 10/22/03 305-793-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #