

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

page 1 of 1

16 APR 22 AM 8:28

SECRETARY OF STATE
JAIL KHASSE, FLORIDA

DOCUMENT # 737765

1. Corporation Name

Cove Cay Village II Association, Inc.

2. Principal Office Address - No P.O. Box #

2622 Cove Cay Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

United States

3. Mailing Office Address

8200 NW 33rd Street

Suite, Apt. #, etc.

Suite 300

City & State

Miami, FL

Zip

33122

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1977

5. FEI Number

59-1742892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Barnes

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

2963 Gulf to Bay Blvd.

Suite, Apt. #, Etc.

Suite 265

City

Clearwater

State

FL

Zip Code

33759

100284934751
04/22/16--01001--007 **61.25

100284934751
04/22/16--01001--006 **175.00

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

Robert Barnes

Date April 18, 2016

REGISTERED AGENT MUST SIGN

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
P	Steve Cohn	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759
V	Karen Schmidt	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759
T	Connie Meeks	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759
S	Bob Patterson	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759
D	Howard Holmes	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759
D	Bill Campbell	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759

10. E-mail Address: rbarnes@kwpropertymanagement.com

(To be used for future annual report notification)

S. HAWKES

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 A.M. reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 39.01, F.S.

SIGNATURE:

Steve Cohn

Steve Cohn

4/18/16

Date

727-430-1600

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

page 2 of 2 ED
16 APR 22 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737765

1. Corporation Name

Cove Cay Village II Association, Inc.

2. Principal Office Address - No P.O. Box #

2622 Cove Cay Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

United States

3. Mailing Office Address

8200 NW 33rd Street

Suite, Apt. #, etc.

Suite 300

City & State

Miami, FL

Zip

33122

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/10/1977

5. FEI Number

59-1742892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Barnes

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

2963 Gulf to Bay Blvd.

Suite, Apt. #, Etc.

Suite 265

City

Clearwater

State

FL

Zip Code

33759

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

Robert Barnes

REGISTERED AGENT MUST SIGN

Date April 18, 2016

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
D	Karen Mannos	2963 Gulf to Bay Blvd. Suite 265	Clearwater, FL 33759

10. E-mail Address: rbarnes@kwpropertymanagement.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Steven M. Cohn

Steve Cohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/16

Date

727-430-1600

Daytime Phone #