

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 743182

1. Corporation Name
COVENTRY "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

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	
Suite, Apt. #, etc. 4869-4 OKEECHOBEE BLVD.		C/O ALAN BERNSTEIN Suite, Apt. #, etc. 4869-4 OKEECHOBEE BLVD.		06/09/1978	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		5. FEI Number 59-1648065	
Zip 33417		Zip 33417		Applied For Not Applicable	
Country USA		Country USA		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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	COHEN, JEAN	COVENTRY B-46	33417 WEST PALM BEACH, FL
V.P.	NARKIN, JOE	COVENTRY B-25	33417 WEST PALM BEACH, FL
SECR.	EDELSON, ESTHER	COVENTRY B-48	33417 WEST PALM BEACH, FL

REINSTATEMENT 97-98
A. Alan
4/8/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BERNSTEIN, ALAN 4869-4 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: ALAN BERNSTEIN REGISTERED AGENT MUST SIGN Date: APRIL 6, 1998

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: Jean Cohen MARCH 20, 1998 (561) 689-3764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JEAN COHEN, PRESIDENT

CR2E040 (1/98)