

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 21 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749030

1. Corporation Name

Marina Cove Homeowners Association, Inc.

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

5412 Marina Cove

Suite, Apt. #, etc.

3. Mailing Office Address

5412 Marina Cove

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33813

Country

USA

Zip

33813

Country

USA

400112511844
11/21/07--01044--013 **1828.75
REINSTATEMENT 81-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2104482

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 Stephen A. Moore, Jr. a/k/a
Steve Moore

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

5412 Marina Cove

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

SA Moore
REGISTERED AGENT MUST SIGN

Date 11/20/07

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	David Lee	5405 Marina Cove	Lakeland, Florida 33813
S T	Stephen A. Moore, Jr. a/k/a Steve Moore	5412 Marina Cove	Lakeland, Florida 33813

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 contained in Chapter 119, 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:

SA Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/07 863-646-6755

Daytime Phone #

11/28/07