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Oct-16-03 3:04PM;

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 OCT 24 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

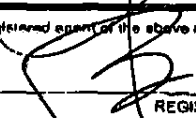
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 751405					
1. Corporation Name THE COVE TOWNHOUSE ASSOCIATION, INC.					
2. Principal Office Address 3119 SW 27 AVENUE			3. Mailing Office Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State SAME		
Zip 33133	Country USA	Zip SAME	Country SAME		

REINSTATEMENT 89-03
 700024082467
 10/24/03-01024--013 **1093.75

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 ☐ \$6.75 Additional Fee 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

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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)(f), 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:  Date: **10/22/03** 305-793-1706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20031002