

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN -9 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754183

1. Corporation Name

North Cove Condominium Association, Inc

800180670768
06/09/10--01039--014 **61.25

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

316 Southwind Ct

3. Mailing Office Address

320 Southwind Ct

Suite, Apt. #, etc

#104

Suite, Apt. #, etc.

#2

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

800180670768
05/11/10--01005--006 **306.25

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/1980

5. FEI Number

592255642

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

Ann M Kelly

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

316 Southwind Ct

Suite, Apt. #, Etc.

#104

City

North Palm Beach

State

FL

Zip Code

33408

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Ann M Kelly

Date 5/6/2010

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	Ann M. Kelly	316 Southwind Ct, #104	North Palm Beach FL 33408
VP	William Beville	316 Southwind Ct, #103	North Palm Beach FL 33408
STD	Joyce Inserrea	316 Southwind Ct #105	North Palm Beach FL 33408
D	Charles Saracino	316 Southwind Ct #206	North Palm Beach FL 33408
D	Barbara Ogletree	320 Southwind Ct #112	North Palm Beach FL 33408

10. E-mail Address: Kelly 8124@bellsouth.net

(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., 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.

SIGNATURE:

Ann M Kelly (Ann M Kelly) President

5/6/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #