


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 769597

1. Corporation Name  
Jamaica Cove Owners Association  
Inc.

REINSTATEMENT 01-04

700028733407  
02/13/04--01037--004 \*\*\$58.75

2. Principal Office Address  
1595 N. Atlantic Ave.  
Suite, Apt. #, etc. 312  
City & State Cocoa Beach, FL  
Zip 32931 Country USA

3. Mailing Office Address  
Same  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/28/1983

5. FEI Number 59-2715580 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 L. George Leonard, CPA 700028733407  
Street Address (P.O. Box Number is Not Acceptable) 1485 N Atlantic Ave 03/03/04--01051--006 \*\*\$61.25  
Suite, Apt. #, Etc. Suite 102  
City Cocoa Beach State FL Zip Code 32931

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 L. George Leonard REGISTERED AGENT MUST SIGN Date 2/6/04

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	Brad Smith	1595 N Atlantic Ave #306	Cocoa Beach, FL 32931
T	Richard Walls, Jr.	1595 N Atlantic Ave #207	Cocoa Beach, FL 32931
S	Brenda Conforti	1595 N Atlantic Ave #102	Cocoa Beach, FL 32931

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)(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: [Signature] 11/31/04 321 513 4256  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2081 (10/02)