

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F18822

1. Corporation Name

PILOT'S COVE INC.

Principal Place of Business

1610 SOUTHERN BLVD

WEST PALM BEACH, FL. 33406

Mailing Address

P. O. BOX 1899

WEST PALM BEACH, FL 33402

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

FEBRUARY 9, 1981

5. FEI Number

59 - 244 8881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Pres. Sec & Dir.	JAMES F. SIMPSON	7218 Pinetree Lane West Palm Beach, FL 33406	West Palm Beach, FL. 33406
V. Pres. Dir.	Sue C. Simpson	7218 Pinetree Lane	West Palm Beach, FL. 33406
			300002329223--5 -10/24/97-01090--001 ****750.00 ****750.00
			300002329223--5 -10/24/97-01090--002 ****173.75 ****173.75

8. Name and Address of Current Registered Agent

James F. Simpson  
7218 Pinetree Lane  
West Palm Beach, FL. 33406

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date October 7, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

JAMES F. SIMPSON

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 7, 1997

Date

561 655 4393

Daytime Phone #

FILED  
97 OCT 20 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT all

CR2E040 (12/96)