

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

18 JUN -4 PH 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 08000000 825

1. Corporation Name

City Cove Condominium Association, Inc

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

301 Vantage Point Lane  
Suite, Apt. #, etc. #8

City & State

Tallahassee, FL

Zip 32301

Country USA

3. Mailing Office Address

Same  
Suite, Apt. #, etc.

City & State

Zip

Country

800314262268  
06/04/18--01007--020 \*\*796.25

CR2E081 (11/10)

4. Date incorporated or Qualified  
To Do Business in Florida

January 25, 2008

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victoria Wahl

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

301 Vantage Point Lane

Suite, Apt. #, Etc.

#8

City

Tallahassee

State

FL

Zip Code

32301

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

Victoria Wahl

REGISTERED AGENT MUST SIGN

Date 6-4-18

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	Victoria Wahl	301 Vantage Point Lane	Tallahassee, FL 32301
VP	"	"	"
T	Keith Burnsed	1078 Tung Hill Road	Tallahassee, FL 32301
S	"	"	"
D	Lisa Gregg	3240 Rue De Lafitte Dr.	Tallahassee, FL 32312

10. E-mail Address: wahlsnall@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Lisa Gregg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/18

DATE

(850) 264-5642

DAYTIME PHONE #

JUN 11 4 2018