PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -2 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33050

1. Corporation Name

The Cove Apartments Condominium Association, Inc.

Principal Place of Business	Mailing Address
344 Venetian Drive Delray Beach, Florida 33483	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-150

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: 1989

5. FEI Number: 65-0143007 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D+T	MARTIN V. MILLER	344 Venetian Drive, Unit 2	Delray Beach, FL 34483
D	Catherine P. Vogt	344 Venetian Drive, Unit 1	Delray Beach, FL 34483
D+P	H. Terence Lyons	344 Venetian Drive, Unit 3	Delray Beach, FL 34483

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****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PETER MORRISSETTE 344 Venetian Drive, Unit 4 Delray Beach, Florida 33483	Name: H. TERRENCE LYONS Street Address (P.O. Box Number is Not Acceptable): 344 VENETIAN DRIVE Unit 3 Suite, Apt. #, Etc.: City: DELRAY Beach FL State: FL Zip Code: 33483

CR2E061 (12/98)

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: H. Terence Lyons — REGISTERED AGENT MUST SIGN
Date: 2/17/2000

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

KE

SIGNATURE: Martin V. Miller — 2-15-2000 — 215-345-0662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTIN V. MILLER, Director + Treasurer