PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 FEB 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49039

1. Corporation Name
Coastal Cove 1 Association, Inc.

500119937925
03/11/08--01012--017 **481.25

REINSTATEMENT 04-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3211 N. A1A		3211 N. A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fort Pierce, FL		Fort Pierce, FL	
Zip	Country	Zip	Country
34949	U.S.	34949	U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 05/22/1992

5. FEI Number: 65-0513737 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kimberly S. Conley

Street Address (P.O. Box Number is Not Acceptable): 3211 N. A1A

Suite, Apt. #, Etc.:

City: Fort Pierce | State: FL | Zip Code: 34949

☐ The 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 617.0505, F.S.

Signature of Registered Agent: Kimberly S Conley — REGISTERED AGENT MUST SIGN — Date: 2/11/08

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
PD	Kimberly S. Conley	3417 N. A1A	Ft. Pierce, FL 34949
VPD	Susan A. Scotti	3415 N. A1A	Ft. Pierce, FL 34949
SD	Kathy Labelle	3417 N A1A	Ft. Pierce, FL 34949
SD	~~Robert Stevens~~	~~3501 N. A1A~~	

S/T

10. 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., 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 contained in Chapter 119, 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: Kimberly S Conley — Kimberly S Conley — 2/11/08 — (772) 466-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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