


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 JAN -1 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N94000004728					
1. Corporation Name COVENANTS VILLAS RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 601 COVENANT DRIVE BELLE GLADE FL 33430		Mailing Address 601 COVENANT DRIVE BELLE GLADE FL 33430			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 09/23/1994 5. FEI Number 65-0547591 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
				\$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)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
PD	CAMPBELL, MAE D	601 COVENANT DRIVE	BELLE GLADE FL 33430		
VD	ALLEN, SUSIE	601 COVENANT DRIVE	BELLE GLADE FL 33430		
SD	ROUSSEAU, MARIE	601 COVENANT DRIVE	BELLE GLADE FL 33430		
TD	LEE, BETTY	601 COVENANT DRIVE	BELLE GLADE FL 33430		
T	FAULK, IRA	601 COVENANT DRIVE	BELLE GLADE FL 33430		
8. Name and Address of Current Registered Agent FAULK, IRA 601 COVENANT DRIVE BELLE GLADE FL 33430					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City					
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 <i>Ira C. Faulk</i> REQUIRED Date December 8, 1998 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>					
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)(f), 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: <i>Ira C. Faulk</i> REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12-08-98 (561) 996-2300 Date Daytime Phone #			

CR2ED40 (8/88)