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08 SEP 29 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004816

# REINSTATEMENT

05-08

CR2E081 (12/07)

1. Corporation Name

Cove at the Landings Lake Association, Inc.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 245 Park Avenue | | P.O. Box 5005 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 2nd Floor | | | |
| City & State | | City & State | |
| New York, New York | | New York, New York | |
| Zip | Country | Zip | Country |
| 10167 | USA | 10163 | USA |

4. Date Incorporated or Qualified To Do Business in Florida: 8/25/97

5. FEI Number: 650811796 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Saby Bchar

Street Address (P.O. Box Number is Not Acceptable): One SE 3rd Avenue

Suite, Apt. #, Etc.: Suite 3100

City: Miami | State: FL | Zip Code: 33131

☐ 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 _____ Date 9/22/08

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| | Please see attached. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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 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: _____ Cyndi P.Quintero, Secretary — 9/25/2008 — 212-648-2245

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

**OFFICER AND DIRECTOR LIST**

**FOR**

**COVE AT THE LANDINGS LAKE ASSOCIATION, INC.**

**DIRECTORS**

| NAME | ADDRESS |
|---|---|
| Donald J. Rederscheid, Jr. | 245 Park Avenue, 2nd Floor, New York, NY 10167 |
| Blake R. Berg | 245 Park Avenue, 2nd Floor, New York, NY 10167 |
| Cyndi P. Quintero | 245 Park Avenue, 2nd Floor, New York, NY 10167 |
| Matthew C. Carbone | 245 Park Avenue, 2nd Floor, New York, NY 10167 |

**OFFICERS**

| TITLE | NAME | ADDRESS |
|---|---|---|
| President | Donald J. Rederscheid, Jr. | 245 Park Avenue, 2nd Floor, New York, NY 10167 |
| Vice President | Blake R. Berg | 245 Park Avenue, 2nd Floor, New York, NY 10167 |
| Secretary | Cyndi P. Quintero | 245 Park Avenue, 2nd Floor, New York, NY 10167 |
| Treasurer | Matthew C. Carbone | 245 Park Avenue, 2nd Floor, New York, NY 10167 |

# Florida Department of State
Division of Corporations
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## CORPORATION REINSTATEMENT

### COVE AT THE LANDINGS LAKE ASSOCIATION, INC.

| | |
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