

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 20 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

¹⁰⁻¹¹
REINSTATEMENT

Bo. 4/20/11

CR2E081 (11/10)

DOCUMENT # 1799000003552
1. Corporation Name
CORAL COVE BEACH OWNERS ASSOCIATION

2. Principal Office Address - No P.O. Box #
253 MARINA DR

3. Mailing Office Address
253 MARINA DR

Suite, Apt. #, etc.
-

Suite, Apt. #, etc.
-

City & State
FT. PIERCE, FLA

City & State
FT. PIERCE, FLA

Zip
34949 Country
ST. LUCIE

Zip
34949 Country
ST. LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida 6-7-1999

5. FEI Number 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
BRETT BROWNING

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

Suite, Apt. #, Etc

City
FT. PIERCE, FL 34949

State
FL Zip Code
34949

100203042661
04/20/11--01006--014 **306.25

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 4-15-11

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
PRES	WILLIAM GESNER	253 MARINA DR,	FT. PIERCE, FLA 34949
VPRES	LEE EGGNATZ	272 BERMUDA BEACH DR.	FT. PIERCE, FLA 34949
TRES.	BRETT BROWNING	230 MARINA DR.	FT. PIERCE, FLA 34949
SEC.	ROY SWENSON	256 MARINA DR.	FT. PIERCE, FLA 34949
DIR	MIKE RIADON	213 MARINA DR.	FT. PIERCE, FLA. 34949
DIR	JOSEPH MARINARO	278 BERMUDA BEACH DR.	FT. PIERCE, FLA. 34949
DIR	GEORGE HOLTZ	2904 FLOTILLA DR.	FT. PIERCE FLA 34949

10. E-mail Address: JOANGESNER@GMAIL.COM

(To be used for future annual report notification)

11. 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., 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: William J Gesner WILLIAM J. GESNER PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-15-11

772 464 2234
Daytime Phone #