•	- F	PLEA	SE FEAD	LL INSTR	UCTIC	ONS BE	ORE C	OMPLET	ING T	IIS FOR	M.		
CORP REINS	ORATIO			Sec	-	MENT OF of State	STATE	35	03	and .	2004	ł ,	
DOCUMENT # PO2000086858 1. Corporation Name THE COVE GROUP, INC.										TALLAHASSEE, FLORIDA	04 FEB 27 PM	FILED	
2. Principal Office Address 8177 W.Glades Road 8177 W. Glades Road										RIDA	PH 3: 49		
Suite, Apt. #, etc. Suite #212				Suite # 212				4. Date Incorp	porated or iness in Flo			12,2002	
Boca Roton, Florida Boca Raton Florida							nda	5. FEI Number	 	2762	O -	Applied For Not Applicable	
3343	4	Country	Beach	^{zip} 33437	2	Palm	Beach	6. CERTIFICATI	E OF STATU	JS DESIRED 💢		onal Fee required ficate of Status	
8. I, being ap	Name Karen Corcoran Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite 212 City Boca Raton 1 State Zig Code FL 33432 8. 1, 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 Haren Corcoran Date 2/25/04 REGISTERED AGENT MUST SIGN													
Titles		Officer	ot Each Officer and Name of rs and/or Directors	/	030	Street Ad Officer at	Idress of Each	<u> </u>	Boo	·	/ State / Zip 7 Florw	da 33432	
											2/2/ n _w	?/oy	
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 filling 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #													

February 24, 2004

The Cove Group, Inc.

Cove Counseling Group Karen Corcoran 8177 West Glades Road Suite 212 Boca Raton, Florida 33434 561-852-7878 fax: 561-852-7550

Florida Department of State Ms. M. Lilliston Division of Corporations

P.O. Box 6327 Tallahassee, Florida 32314

RE: The Cove Group, Inc. corporation reinstatement

Dear Ms. Lilliston:

This letter is sent in duress, as I have just discovered that The Cove Group, Inc corporation status was dissolved as a result of a move that occurred in October 2003.

Promptly, I had notified the Post Office of our change of address, forwarding mail to our new address. I also provided the new address to the tenant who moved into the office. However, that tenant and the Post Office did not forward the mail. Again, in December I notified the Post Office of the change of address. I have experienced several difficulties with having our address changed (including the bank) even though I personally visited several businesses putting the change in writing. I am just now receiving forwarded mail from the Post Office. The tenant at the previous address has not forwarded mail to date.

At this time, I am attempting to have The Cove Group, Inc corporation reinstated and I would like to renew for this year, 2004. Enclosed please find a business check for both years 2003 and 2004, totaling \$300.00. If you have any questions, please call. I may be contacted at work or on my cellular telephone: 561-702-9297. Please include
Thank you for your time.
Respectfully.

Certificate of status,

Kespectfully, Toren Corcoran

Karen Corcoran