

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 27 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000140767

1. Corporation Name

Myrtle Cove, Inc.

2. Principal Office Address - No P.O. Box #

4010 Tamiami Trail, North

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34103

Country

Collier

3. Mailing Office Address

4010 Tamiami Trail, North

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34103

Country

Collier

REINSTATEMENT 06-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/01/04

5. FEI Number
20-2706177

☐ 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

MICHAEL MICELI

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

4010 Tamiami Trail, North

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34103

☐ 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 617.0503, F.S.

Signature of
Registered Agent

Michael Miceli

Date 06/19/08

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
D	Irena Knoriene	4010 Tamiami Trail, North	Naples, Florida 34103
P / S	Michael Miceli	9517 Gulf Shore Drive #201	Naples, Florida 34108

400131811654
06/27/08--01025--019 **1050.00

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:

Michael Miceli

Michael Miceli

06/19/08

239-566-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #