## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000107414

Address:

City-St-Zip:

FILED Oct 20, 2006 Secretary of State

Entity Name: LEE A. COVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3348 NE 27TH AVE LIGHTHOUSE POINT, FL 33064 **Current Mailing Address: New Mailing Address:** 3348 NE 27TH AVE LIGHTHOUSE POINT, FL 33064 FEI Number: 03-0571607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IANNACCONE, JAMES T 800 EAST BRÓWARD BLVD SUITE 510 FORT LAUDERDALE, FL 33301 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: JAMES IANNACCONE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition LEE, COVE Name: Name: 19241 NE 20TH COURT Address: Address: City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33179 Title: () Delete Title: MS. ( ) Change (X) Addition Name: Name: PAULA, SEVERINO 3348 NE 27TH AVENUE Address: Address: LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip: Title: Title: () Delete MR ( ) Change (X) Addition MICHAEL, SEVERINO Name: Name: 3348 NE 27TH AVENUE Address Address: City-St-Zip: City-St-Zip: LIGHTHOUSE POINT, FL 33064 Title: () Delete Title: ( ) Change (X) Addition PAUL, ITZKOVITZ Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

19901 HIGHLAND LAKES BLVD

NORTH MIAMI, FL 33179

SIGNATURE: LEE COVE MR 10/20/2006