

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058180

1. Corporation Name

COVE INSURANCE, INC.

Principal Place of Business

1201 US HWY 1
46
N PALM BEACH FL 33408
US

Mailing Address

1201 US HWY 1
46
N PALM BEACH FL 33408
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1993

5. FEI Number

65-0530068

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PST | HIGGINS, CHARLES R | 701 N POINT PKWY, 300 | W PALM BCH FL |
| D | HIGGINS, CHARLES R | 701 N POINT PKWY, 300 | W PALM BCH FL |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

HIGGINS, CHARLES D
701 N POINT PKWY
300
W PALM BCH FL 33407

9. Name and Address of New Registered Agent

Name

HIGGINS, CHARLES D

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

1201 US Hwy 1

Suite, Apt. #, Etc.

46

City

NORTH PALM BEACH

State

FL

Zip Code

33408

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-2

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-2 501-694-0102



Cove Insurance

October 22, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

RE: Application for reinstatement -UBR

Dear Sir,

Enclosed is our check in the amount of \$150.00 and the signed application for reinstatement. This is the first notice we have received for this renewal. I am new to this business and didn't realize we had not received any notices. I have put a follow up in the computer for next year in February to make sure this does not happen again.

Again I apologize for this error.

Sincerely,

A handwritten signature in cursive script that reads 'Lane Talton'.

Lane Talton
Bookkeeper