PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	253
REINSTWINEN	60
REINSTATEMEN	

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000058180

1. Corporation Name

COVE INSURANCE, INC.

If above addresses are incorrect in any way, lin

Principal Place of Business

1201 US HWY 1

1201 00 11111

N PALM BEACH FL 33408

US

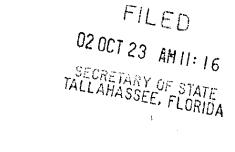
Mailing Address

1201 US HWY 1

46

N PALM BEACH FL 33408

US





New Principal Office Address, If Applicable New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 08/16/1993				
Suite, Apt. #, etc. Suite, Ap		t. #, etc.		5 FEI Number				
City & State City & State		te			65-0530068 Applied For Not Applied by			
Zip		Country	Zip		Country	- 6. CERTIFICAT	E OF STATUS DESIRED [\$8.	75 Additional Fee required or a Certificate of Status
7. Names	and Street Add	dresses of Each Officer an	d/or Director (I	Florida nonprof	it corporations must list at I	east 3 directors)		
Title(s) 1	2	Name of Officers and/or Directors		3	Street Address of Ea Officer and/or Direct		City / Sta	ate / Zip
PST	HIGGINS,	CHARLES R		701 N P	OINT PKWY, 300		W PALM BCH FL	
D	HIGGINS,	CHARLES R		701 N PC	OINT PKWY, 300		W PALM BCH FL	
***					, ,	10/23	90000854 702-01066-009	7619 ** ^{150:00}
							Cial S.	15
							A.	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
	NS, CHARLE					SINS C (P.O. Box Number	HARLES D	
300	POINT PKW M BCH FL 3				120 Suite, Apt. #, Etc.	_US H	wy 1	
	·				NORTH	PALM B	State FL	Zip.code 33408
10. I, being Signature of Registered		registered agent of the abo	ove named cor	poration, am fa	miliar with and accept the o	obligations of Section	on 607.0505, F.S. or 617.0505	_

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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,

Lane Talton Bookkeeper