

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000066269

1. Corporation Name

CHRISTOPHER COVE, INC.

2. Principal Office Address

4729 U.S. HIGHWAY 17

3. Mailing Office Address

4729 U.S. HIGHWAY 17

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32003

Country

USA

Zip

32003

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/1994

5. FEI Number

59-3275680

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

JAMES RICKY WOOD

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

4729 U.S. HIGHWAY 17

Suite, Apt. #, Etc.

SUITE 204

City

ORANGE PARK

State

FL

Zip Code

32003

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

James Ricky Wood
REGISTERED AGENT MUST SIGN

Date 4/16/2001

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	JAMES RICKY WOOD	4729 U.S. HIGHWAY 17 SUITE 204	ORANGE PARK, FL 32003

REINSTATEMENT 00-0178

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 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:

Ricky Wood RICKWOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2001
Date

904 264-6553
Daytime Phone #