

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000016636**

1. Corporation Name

C.O.V. DEVELOPERS, INC.

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

311 PITTSBURGH DR

Suite, Apt. #, etc.

City & State

JUPITER FL

Zip

33458

Country

PALM BEACH

3. Mailing Office Address

311 PITTSBURGH DR

Suite, Apt. #, etc.

City & State

JUPITER FL

Zip

33458

Country

PALM BEACH

7. Name and Address of Current Registered Agent

Name

JOHN VALENZA

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

311 PITTSBURGH DR

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

John Valenza
REGISTERED AGENT MUST SIGN

Date **5.6.07**

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	VALENZA, JOHN	311 PITTSBURGH DR JUPITER FL 33458	JUPITER FL 33458
D	CRONIN, JOHN	14139 PARADISE POINT RD P.B.G. FL 33410	P.B.G. FL 33410
D	O'BRIEN WILLIAM	17296 CURRY COMB CT JUPITER FL 33478	JUPITER FL 33478

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:

John Valenza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.6.07
Date

561.707.1853
Daytime Phone #

FILED

2007 MAY 31 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300104227463

06/11/07--01054--011 **1050.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/20.1996

5. FEI Number

650645755

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.