

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000067669			
1. Corporation Name KEY COVE CONSTRUCTION, INC.			
Principal Place of Business 3024 3024 NORTH ROOSEVELT BLVD. KEY WEST FL 33040		Mailing Address 2407 2407 NORTH ROOSEVELT BLVD. KEY WEST FL 33040	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/05/1997		5. FEI Number 65 0843079	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	WALKER, RICHARD C	2407 N. ROOSEVELT BOULEVARD	KEY WEST FL 33040
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HORAN, EDWARD W 608 WHITEHEAD STREET KEY WEST FL 33040		Name ELLIOT KOSTER Street Address (P.O. Box Number is Not Applicable) 7520 NW 5TH ST Suite, Apt. #, Etc. 200 City PLANTATION State FL Zip Code 33317	
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.			
Signature of Registered Agent <i>[Signature]</i>		Date 11/13/98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
12. 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: <i>[Signature]</i>		Date 11-18-98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Typed Name	