

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV -4 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S11809**

1. Corporation Name

**BLUE RIDGE HARBOUR COVE, INC.**

Principal Place of Business

Mailing Address

~~4401 N A1A~~  
FT PIERCE FL 34949  
US

~~4401 N A1A~~  
FT PIERCE FL 34949  
US

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

2. New Principal Office Address, If Applicable

**3971 N. A-1-A**

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**3971 N. A-1-A**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1990

5. FEI Number

65-0227675

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)

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
DPST	NELSON, ROBERT	2470 HARBOUR COVE DRIVE	FT. PIERCE FL
<del>VP</del>	<del>OONLEY, SAM</del>	<del>2587 REILLEY AVENUE</del>	<del>PALM CITY FL</del>
VP	BENDER, RONALD	2510 HARBOUR COVE DRIVE	FORT PIERCE FL
<del>V</del>	<del>WATTS, STEVEN SR</del>	<del>4235 OCEAN HARBOUR SOUTH VILLAS</del>	<del>FORT PIERCE FL</del>

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**NELSON, ROBERT**  
2470 HARBOUR COVE DRIVE  
FT PIERCE FL 34949

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002340101--0

-11/06/97--01055--022

\*\*\*\*750.00 State \*\*\*\*750.00

FL

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

REGISTERED AGENT MUST SIGN

Date **Nov 3, 1997**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-97

561-461-4846

CR20040 (8/97)