

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 MAY 4 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023368

1. Corporation Name
COVEN MANAGEMENT, INC.
3215 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487

2. Principal Office Address
3215 SOUTH OCEAN BLVD.

3. Mailing Office Address
3215 SOUTH OCEAN BLVD.

State, Apt. #, etc.
City & State
Zip

HIGHLAND BEACH, FL
33487 USA

State, Apt. #, etc.
City & State
Zip

HIGHLAND BEACH, FL
33487 USA

REINSTATEMENT 02-04

T. Roberts MAY 12 2005

4. Date incorporated or Qualified To Do Business in Florida
03/07/2000

5. FBI Number
65-0990746

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a certificate of status

7. Name and Address of Current Registered Agent

Name
BERNARD A. SINGER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
3107 STIRLING ROAD

Suite, Apt. #, Etc.
SUITE 108

City
FT. LAUDERDALE

State
FL

Zip Code
33312

500054680175
05/17/05-01050-012 \$1200.00

8. I, being authorized 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
See attached for signature

REGISTERED AGENT MUST SIGN

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WALTER COVEN	11835 BAYFIELD DRIVE	BOCA RATON, FL 33498
D	STACI BRODER	3078 IRA ROAD	BELLMORE, NY 11710
D	STANLEY COVEN	3215 SOUTH OCEAN BLVD.	HIGHLAND BEACH, FL 33487

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)(H), 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.


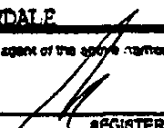
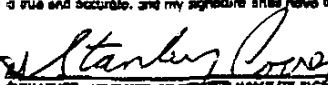
SIGNATURE: *Stanley Coven* **STANLEY COVEN** 4/29/2005 561-573-5794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2004 10 1003

FD 282

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 200000023368					
1. Corporation Name COVEN MANAGEMENT, INC. 3215 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487					
2. Principal Office Address 3215 SOUTH OCEAN BLVD.			3. Mailing Office Address 3215 SOUTH OCEAN BLVD.		
4. Date incorporated or Qualified To Do Business in Florida 03/07/2000			5. FEI Number 65-0990746		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			7. Reciprocal Provisions for a Certificate of Status <input type="checkbox"/>		
City & State HIGHLAND BEACH, FL		City & State HIGHLAND BEACH, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33487	Country USA	Zip 33487	Country USA		
7. Name and Address of Current Registered Agent					
Name BERNARD A. SINGER, ESQ.					
Street Address (P.O. Box Number is NOT Acceptable) 3107 STIRLING ROAD					
Suite, Apt. #, Etc. SUITE 105					
City FT. LAUDERDALE		State FL	Zip Code 33312		
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 				Date 4/29/2005	
REGISTERED AGENT MUST SIGN					
9. Name and Street Address of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
D	WALTER COVEN	11833 BAYFIELD DRIVE		SOCA RATON, FL 33498	
D	STACY BRODER	3078 IRA ROAD		BELLMORE, NY 11710	
D	STANLEY COVEN	3215 SOUTH OCEAN BLVD.		HIGHLAND BEACH, FL 33487	
10. I certify that I am an officer or director of 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)(b), 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:  STANLEY COVEN				Date 4/29/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				561-573-8794 Service Phone	

CR2005 (04/05)