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2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 FEB 24 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047291

1. Entity Name
GOT IT COVERED, INC.

Principal Place of Business	Mailing Address
5961 NW 2ND AVENUE #601 BOCA RATON, FL 33487	5961 NW 2ND AVENUE #601 BOCA RATON, FL 33487

02242006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3656309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETRICH, ROSA 5961 NW 2ND AVENUE #601 BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 600074538346
(Signature, title of person (name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 05/15/06--01004--022 **88.75
DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETRICH, ROSA		NAME	
STREET ADDRESS	5961 NW 2ND AVENUE #601		STREET ADDRESS	6/14/05 90001 031 - 61.25
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY ST ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETRICH, MARK		NAME	
STREET ADDRESS	1244 SE 5 CT		STREET ADDRESS	10/03/05 01064 018 - 150.00
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	REINSTATEMENT 05-06
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	MM 2/24
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARK PETRICH 2/24/06 (954)931-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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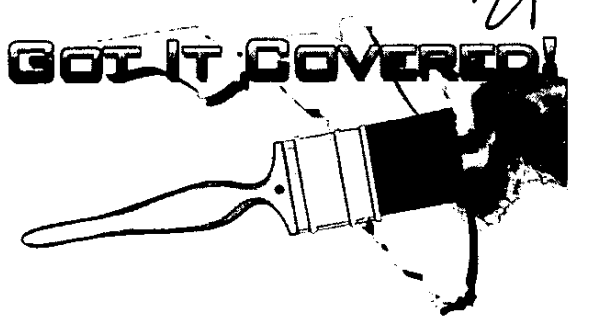

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl, 32301

Attn: Barbara Mitchell
Re: PO2000047291

Ms. Mitchell,

This letter is responding to the fact that there was three (3) letters I did not receive from the Division of Corporation that I understand were sent to me.

I have paid a total of $211.25 so far and I am enclosing a check for $88.75 to pay the balance in full.

Please send any correspondence in the future to the following address:

GOT IT COVERED, INC
1625 S.W. 1st Way
#C-6
Deerfield Beach, Fl, 33441
Tel: 954-931-7202
Fax: 954-428-6368

Thank you

Mark Petrich, President
GOT IT COVERED, INC