


# 2007 FOR PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # P05000081375</b> 1. Entity Name <b>LINENS BY COVER IT, INC.</b>	
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FILED  
07 SEP 27 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1923 W COPANS RD POMPANO BEACH, FL 33064</b>	Mailing Address <b>1923 W COPANS RD POMPANO BEACH, FL 33064</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



08072007 REINSTATEMENT CR2009 (1/07) **06-07**

4. FEI Number  
**20-2986761**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
LOMBARDI, BLANCA 1923 W COPANS RD POMPANO BEACH, FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOMBARDI, BLANCA			NAME	<b>600110015115</b>		
STREET ADDRESS	1923 W COPANS RD			STREET ADDRESS	<b>09/27/07--01026--022 **300.00</b>		
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARIAS, DORIS			NAME			
STREET ADDRESS	1923 W COPANS RD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *[Signature]* **9/27/07** 954-971-6666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #