TEAR HERE

APPLICATION FOR REINSTATEMENT FOR 1995, 1996, ~~1997~~ and 1998

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

98 MAR 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 546800

M. KOVENS COMPANY, INC.
1300 Dade Blvd.
Miami, Florida 33139

REINSTATEMENT 95-98

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 10 Edgewater Drive
Address:
City and State: Coral Gables, FL
Zip Code: 33133

3. Date Incorporated or Qualified To Do Business in Florida: 8/23/77

4. FEI Number: 59-1785301
☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Marc Kovens	10 Edgewater Drive	Coral Gables, FL 33133

3/19/98

200002464232--2
-03/20/98--01121--015
***1208.75 ***1208.75

200002464232--2
-03/20/98--01121--016
*****52.50 *****52.50

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name: David Shear
Street Address (Do NOT Use P.O. Box Number): 200 S. Biscayne Blvd., Ste. 2100
Street Address (Do NOT Use P.O. Box Number):
City and State: Miami FL.
Zip Code: 33131

8. 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: [signature] Date: 3/12/98

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Marc Kovens Date: 3/12/98 Phone #: 305-740-9111

Typed or printed name of signing officer or director: Marc Kovens

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

$8.75 Additional Fee required for a Certificate of Status