

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 561641

1. Corporation Name

COVENTRY AUTO WORKS, INC.

2. Principal Office Address

700 NW 7th TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

700 N.W 7th TERRACE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33311

Country

U.S.A.

City & State

FT. LAUDERDALE, FL.

Zip

33311

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1978

5. FEI Number

59-1812838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75. Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

JAMES T. DEAN

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

700 N.W. 7th TERRACE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311

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

James Dean
REGISTERED AGENT MUST SIGN

Date DECEMBER 5, 2002

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PRESIDENT

JAMES T. DEAN

700 N.W 7th TERRACE

FT. LAUDERDALE FL, 33311

700009560717

12/17/02--01059--017 **358.75

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)(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:

James Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DEAN

12-5-2002

Date

Daytime Phone #

954-232-5247

CR2E081 (9/00)