

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 15 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716538

1. Corporation Name

COVENANT MANOR Condominium, Inc

300005822513--4

-06/18/02--01081--007

****420.00 ****420.00

REINSTATEMENT 1999-2002

2. Principal Office Address

9871 W. Bay Harbor Dr.

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

3. Mailing Office Address

9871 W. Bay Harbor Dr.

Suite, Apt. #, etc.

#2A

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05-13-1969

5. FEI Number

592364221

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

PATRICIA FIALLO

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

9871 W. Bay Harbor Dr.

Suite, Apt. #, Etc.

#1A

City

Bay Harbor Islands

State
FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

5/13/02

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
P/D	MARISA RAMAGLIA	9871 W. Bay Harbor Dr. #2A	Bay Harbor Is, FL 33154
VP/D	MARTHA GARCIA	9881 W. Bay Harbor Dr. #2	Bay Harbor Is, FL 33154
S/D	PATRICIA FIALLO	9871 W. Bay Harbor Dr. #1A	Bay Harbor Is, FL 33154

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*****8.75 *****8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARISA RAMAGLIA

Date

Daytime Phone #

305-789-7324

CR2E081 (9/01)