

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 26 PM 3:09

DOCUMENT # F 52107

1. Corporation Name

INCOVE, INC.

2. Principal Office Address

4603 S.W. 75 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country
USA

3. Mailing Office Address

4603 S.W. 75 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country
USA

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-2-81

5. FEI Number

59-2136604

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

Howard L. Kuker

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

9200 South Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 508

City

Miami

State
FL

Zip Code
33156

700003291257-1

06/15/00-01064-015

****908.75 ****908.75

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

Howard L. Kuker

Howard L. Kuker

Date May 24, 2000

REGISTERED AGENT MUST SIGN

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 S D	Nohemy Alzate	4603 S.W. 75 Avenue	Miami, Florida 33155

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:

Nohemy Alzate

Nohemy Alzate

May 24, 2000

(305) 265-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (3/99)