

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F 91619**

1. Corporation Name

STEPHEN COVERT, P.A.

REINSTATEMENT 03-04

2. Principal Office Address

100 PARADISE HARBOUR BLVD.

Suite, Apt. #, etc.

506

City & State

N. PALM BEACH, FL.

Zip

33408

Country

PAINT BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

7-21-82

5. FEI Number

592209318

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

STEPHEN COVERT

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

100 PARADISE HARBOUR BLVD.

Suite, Apt. #, Etc.

506

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

Stephen Covert

REGISTERED AGENT MUST SIGN

Date **2-17-04**

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
PRES. D	STEPHEN COVERT	100 PARADISE HARBOUR BLVD., # 506	NORTH PALM BEACH, FLORIDA, 33408

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:

STEPHEN COVERT, PRES/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-04

Daytime Phone #

561-346-8611

CR2E081 (01/04)

Law Offices of
STEPHEN COVERT, P.A.
100 Paradise Harbour Boulevard, # 506
North PALM BEACH, FLORIDA 33408

Phone: 561-346-8611
Fax: 561-842-6125
E-mail: coverts1@aol.com

February 23, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

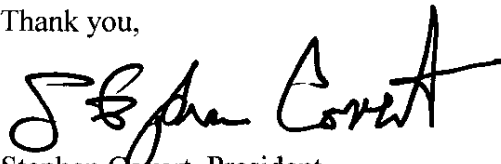
VIA UPS

Re: Stephen Covert, P.A., Document # F91619, Reinstatement

Dear Department of State:

I went to the bank the other day to open a new bank account and the officer of the bank told me that my P.A. was not in force. I didn't get a renewal this year and didn't even know it was dissolved. I called your department and spoke to a man that said I should send in the reinstatement form along with a letter telling you that I didn't get a renewal form or the reminder along with a check for \$300.00. I have had this P.A. since 1982. Please renew it for me.

Thank you,



Stephen Covert, President