

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
TERRA B. MORTIMER
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001639

1. Corporation Name
Covington Capital Corp. of Albuquerque

Principal Place of Business Mailing Address
551 NW 77th Street
Suite 100
Boca Raton, Florida 33847
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/02/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3578659	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director & Pres.	Barry Lang	5980 East Terra Grande Tucson, AZ 85750	
Director & Vice Pres.	Gerald Wendel	215 S. Monarch Street, Ste. 202 Aspen, Colorado 81611	

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01/27/98 01014-004
***1088.75 ***1088.75

REINSTATEMENT 96-98 CM
Cus

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gerald Wendel 551 NW 77th Street Suite 100 Boca Raton, Florida 33847		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. 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 Gerald Wendel Date 12/31/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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
Gerald Wendel, Vice President

12/31/97
Date

Daytime Phone #

CR2E040 (12/96)