

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F930000001639**

1. Corporation Name

Covington Capital Corp. of Albuguergue

100003313791--9
-07/05/00--01110--001
****900.00 ****900.00

2. Principal Office Address

1100 Linton Boulevard

Suite, Apt. #, etc.

Suite C-4

City & State

Delray Beach, FL

Zip

33444

Country

U.S.A

3. Mailing Office Address

1100 Linton Boulevard

Suite, Apt. #, etc.

Suite C-4

City & State

Delray Beach FL

Zip

33444

Country

U.S.A.

REINSTATEMENT

Date of Incorporation
To Do Business in Florida

04-02-1993

5. FEI Number

13-3578659

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

Richard Critchfield

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

1100 Linton Boulevard

Suite, Apt. #, Etc.

Suite G-4

City

Delray Beach FL

State

FL

Zip Code

33444

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 **June 12, 2000**

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. Gerald Wendel

**Suite 204
225 North Mill Street**

Aspen, CO 81611

LS

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

Gerald Wendel, President

Date

6/15/00

Daytime Phone #

970 925 1991

CR2E081 (9/99)