

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 26 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000632

1. Corporation Name

Covewick Enterprises, Inc.

2. Principal Office Address

3885 S. Decatur

Suite, Apt. #, etc.

Suite 2010

City & State

Las Vegas

Zip

89103

Country

USA

3. Mailing Office Address

3885 S. Decatur

Suite, Apt. #, etc.

Suite 2010

City & State

Las Vegas

Zip

89103

Country

USA

200021464782  
07/10/03--01064--012 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1998

5. FEI Number

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

Goldstein, Arnold S.

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

384 South Military Trail

Suite, Apt. #, Etc.

City

Deerfield Beach

State  
FL

Zip Code  
33442

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

*Arnold S. Goldstein*

REGISTERED AGENT MUST SIGN

Date 06/13/2003

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	Chesler, Barry S.	384 S. Military Trail	Deerfield Beach, FL 33442
V/ST	Goldstein, Arnold S.	384 S. Military Trail	Deerfield Beach, FL 33442

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

06/13/2003

Date

(954) 490-8933

Daytime Phone #

CR2E01 (1002)