

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005019

1. Corporation Name

COVERNA DIRECT INSURANCE AGENCY, INC.

FILED

03 DEC 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

520 PARK AVENUE
BALTIMORE MD 21201

Mailing Address

520 PARK AVENUE
BALTIMORE MD 21201

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1999

5. FEI Number

42-1489645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BAIRD, PATRICK S	4333 EDGEWOOD RD. NE	CEDAR RAPIDS IA 52499
D	EUBANKS, MICHAEL	520 PARK AVE	BALTIMORE MD 21201
P	SMITH, BRIAN	20 MOORES RD.	FRAZER PA 19355
V	REKOSKI, DAVID G	520 PARK AVENUE	BALTIMORE MD 21201
S	LATCHFORD, PAUL C	520 PARK AVENUE	BALTIMORE MD 21201
T	MCCONNELL, MARTHA A	520 PARK AVENUE	BALTIMORE MD 21201

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Korri A. Behler

KORRI A. BEHLER

Special Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 11/26/03

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/03

Date

Daytime Phone #

CR2ED40 (7/03)

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COVERNA DIRECT INSURANCE AGENCY, INC.

Officers Cont.

Assistant Secretary Hugh J. McAdorey 20 Moores Road, Frazer, PA 19355



Direct Marketing
Services, Inc.

PAYROLL

20 Moores Road
Frazer, Pennsylvania 19355
(610) 648-5000

December 15, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

**RE: Application for Reinstatement
Coverna Insurance Agency, Inc.**

Dear Sirs:

Enclosed is our Application for Reinstatement along with our check for \$150.00. Please be advised that the prior uniform business reports (UBR) were not received.

Thank you for returning our corporation to an "active" status.

Sincerely,

Hugh McAdorey
Assistant Secretary
Coverna Insurance Agency, Inc.

Enclosures