

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G00037

1. Corporation Name

COVERUSA, INC.

REINSTATEMENT

95-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

13600 SW 96 ST

Suite, Apt. #, etc.

3. Mailing Office Address

13600 SW 96 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33186

Country

U.S.

Zip

33186

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/1982

5. FEI Number

592 220144

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

NARCISO ARELLANO

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

13600 SW 96 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/9/08

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
PD	NARCISO ARELLANO	13600 SW 96 ST	MIAMI, FL 33186
VP	Ligia B. ARELLANO	13600 SW 96 ST	MIAMI, FL 33186
DAS	Ligia M. GUERRA	310 CRANWOOD DRIVE	Key Biscayne, FL 33149
AS	GERALDINE ARELLANO	13600 SW 96 ST	MIAMI, FL 33186
AS	NANCY YRAGUI	11950 SW 137 TR	MIAMI, FL 33186
AS	KARLA RODRIGUEZ	14501 SW 138 CT	MIAMI, FL 33186

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 contained in Chapter 119, 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:

Ligia B. de Arellano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/08

Date

(305) 218 0747

Daytime Phone #

8/13/08