

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900023972569  
10/21/03--01079--023 \*\*150.00

DOCUMENT # L02000021045

1. Limited Liability Company's Name

COVENANT ENTERPRISES, LLC

2. Principal Office Address

505 South Flagler Drive

Suite, Apt. #, etc.

Suite 900, Attn. J. Levine

City & State

West Palm Beach, FL

Zip

Country

33401

USA

3. Mailing Office Address

505 South Flagler Drive

Suite, Apt. #, etc.

Suite 900, Attn. J. Levine

City & State

West Palm Beach, FL

Zip

Country

33401

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

8/16/02

6. FEI Number

13-4210798

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Valdes-Fauli Corporate Services, Inc.

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

777 South Flagler Drive

Suite, Apt. #, Etc.

Suite 500 East

City

West Palm Beach

State

FL

Zip Code

33401

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

BY: *Michael V. Tatum, v.p.*  
REGISTERED AGENT MUST SIGN

Date 10-15-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Daniel Gittleman	5355 Town Center Rd., Suite 301	Boca Raton, FL 33486

REINSTATEMENT

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dce

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

*Daniel Gittleman*

Date Oct 14, 2003 Daytime Phone # (561) 620-3580

Typed or printed name of signing Managing Member/Manager Daniel Gittleman

CR2E041 (10/02)