

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000046552

**1. Corporation Name**

COVEX USA, INC.

**2. Principal Office Address**  
1390 BRICKELL AVE

Suite, Apt. #, etc.  
SUITE 200

City & State  
MIAMI, FLORIDA

Zip Country  
33131 USA

**3. Mailing Office Address**  
1390 BRICKELL AVE

Suite, Apt. #, etc.  
SUITE 200

City & State  
MIAMI, FLORIDA

Zip Country  
33131 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 05/09/2000

**5. FEI Number** 651008823  
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  
LUIS AGRAMUNT

Street Address (P.O. Box Number is Not Acceptable)  
1390 BRICKELL AVE

Suite, Apt. #, Etc.  
SUITE 200

City State Zip Code  
MIAMI FL 33131

**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

**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
PST	FERNANDO CALVO	1390 BRICKELL AVE., SUITE 200	MIAMI, FLORIDA, 33131
VP	PAULA CALVO	1390 BRICKELL AVE., SUITE 200	MIAMI, FLORIDA, 33131
D	FERNANDO CALVO	1390 BRICKELL AVE., SUITE 200	MIAMI, FLORIDA, 33131

**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

Date

Daytime Phone #

305-373.5802

CR2E081 (01/04)



## JURIS MAGISTER™

1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FLORIDA 33131  
TEL: (305) 373-5802 • FAX: (305) 373-5803  
E-MAIL: INTERLEX@EARTHLINK.NET

April 21<sup>st</sup>, 2004

Florida Department of State  
Secretary of State  
Division of Corporations

Re.: Annual Reports of:

The Memo Company Ltd., Inc.  
Covex USA, Inc.

Doc # P00000002638  
Doc #P00000046552

Dear Sir/Madam:

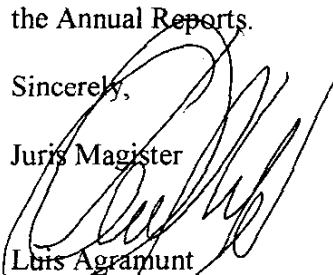
This Firm represents the above mentioned companies and its President Mr. Fernando Calvo.

Since its incorporation the Company changed its Principal and Business Office and maybe that was the reason the company has never received past annual Reports, even though the company ordered to the United States Postal Service the mail to be forward to the new address.

We are enclosing payments for every year since its incorporation and we hope you can waive the reinstatement fee since as mentioned above the company never before received the Annual Reports.

Sincerely,

Juris Magister

  
Luis Agramunt  
Managing Partner

MEMBERS OF:

AMERICAN BAR ASSOCIATION, INTERNATIONAL UNION LAWYERS, SOCIETE DE LEGISLATION COMPARÉE,  
BARCELONA BAR ASSOCIATION AND AFFILIATE MEMBER OF THE FLORIDA BAR ASSOCIATION