

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000093386

1. Corporation Name

COVER CONNECTION, INC.

Principal Place of Business

Mailing Address

6328 SALTWATER BLVD.
HUDSON FL 34667

6328 SALTWATER BLVD.
HUDSON FL 34667

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

2. New Principal Office Address, If Applicable

13225 US HWY 19N
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

Zip

34667

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

59-3673072

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
PD	SMITH, MARK R	6328 SALTWATER BLVD.	HUDSON FL 34667
STD	ELLEFSEN, JUDY A	6328 SALTWATER BLVD.	HUDSON FL 34667
			200004716972-5 -12/10/01--01088--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

BASKIN, HAMDEN H III
516 N. FT. HARRISON AVE.
CLEARWATER FL 33755

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/13/01

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:

JUDY A. ELLEFSEN Judy A. Ellefsen 11-09-01 727-862-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #