


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # **P01000030099**

05 MAR -4 PM 12:18

1. Corporation Name

PHYLLIS KOVENS FAMILY INVESTMENTS, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 19667 TURNBERRY WAY, APT. 9J 19667 TURNBERRY WAY, APT. 9J
 AVENTURA FL 33180 AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/23/2001	
City & State		City & State		5. FEI Number	
Zip		Zip		65-1104933	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 03-05
 W05000009238

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KOVENS, PHYLLIS	19667 TURNBERRY WAY, APT. 9J	AVENTURA FL 33180

700049847097
 03/22/05--01025--015 **1050.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD. SUITE 3000 MIAMI FL 33131		Name PHYLLIS KOVENS	
		Street Address (P.O. Box Number is Not Acceptable) 19667 TURNBERRY WAY	
		Suite, Apt. #, Etc. 9J	
		City AVENTURA FL	State FL Zip Code 33180

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 *Phyllis Kovens* Date 2-14-05
 REGISTERED AGENT MUST SIGN

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: *Phyllis Kovens* Date 2/14/05 Daytime Phone # 305-932-4124
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR