

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -6 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/06/12--01034--004 **900.00

CR2E081 (11/10)

DOCUMENT # P01000030099

1. Corporation Name

PHYLLIS KOVENS FAMILY INVESTMENTS, INC.

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

201 S. Biscayne Boulevard

Suite, Apt. #, etc.

Suite 800

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

201 S. Biscayne Boulevard

Suite, Apt. #, etc.

Suite 800

City & State

Miami, Florida

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 23, 2001

5. FEI Number

65-1104933

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

Law Center of The Americas, LLC

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

201 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 800

City

Miami

State

FL

Zip Code

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.

LAW CENTER OF THE AMERICAS, LLC

Signature of

Registered Agent

Michael A. Dribin, VP

Date 12.05.11

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|----------------------|
| DPST | Marc Kovens | 201 S. Biscayne Blvd., Suite 800 | Miami, Florida 33131 |
| DPST | Scott Kovens | 201 S. Biscayne Blvd., Suite 800 | Miami, Florida 33131 |
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REINSTATEMENT 10-11

B/1/9/11

10. E-mail Address: mdribin@harperneyer.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC KOVENS

Date

11/30/11

Daytime Phone #

305-6610209