FROM :ARS&ASSOCIATES FAX NO. :3056535205 Oct. 11 2004 04:27PM P1

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 14 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

10052004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000080825

1. Entity Name
COVINGTON CORPORATION #12

Principal Place of Business	Mailing Address
901 E 10 AVE, #14 HIALEAH, FL 33010	901 E 10 AVE, #14 HIALEAH, FL 33010

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1132110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARREDO, MARTHA
20810 W DIXIE HWY
N PALM BEACH, FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	D	☐ Delete
NAME	BARREDO, GUILLERMO	
STREET ADDRESS	3520 SW 88 CT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	☐ Delete
NAME	BARREDO, MARTHA	
STREET ADDRESS	3520 SW 88 CT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300041879333 10/14/04--01027--025 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Barredo 10-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #