

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000047291**

1. Corporation Name

GOT IT COVERED, INC.

REINSTATEMENT 03.04

000039488580

07/23/04--01079--007 **900.00

2. Principal Office Address

5961 NW 2ND AVE

Suite, Apt. #, etc.

#601

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.A.

3. Mailing Office Address

5961 NW 2ND AVE

Suite, Apt. #, etc.

#601

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/30/2002

5. FEI Number

04-3656309

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

ROSA PETRICH

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

5961 NW 2ND AVE

Suite, Apt. #, Etc.

#601

City

BOCA RATON

State

FL

Zip Code

33487

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

Rosa Petrich

Date

7/13/04

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
P	ROSA PETRICH	5961 NW 2ND AVE #601	BOCA RATON, FL 33487
V	MARK PETRICH	1244 SE 5 CT	DEENFIELD BEACH, 33441

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:

Rosa Petrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/04 561-995-5985

Daytime Phone #

CR2E081 (01/04)