

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM.

,COR REIN	RPORATION STATEMENT	Secret	RTMENT OF STA ary of State corporations	TE V	03 JUN 26 PM II: 02 SECRETARY OF STATE. TALLAHASSEE FLORIDA	,	
DOCUMENT # P02000085740 1. Corporation Name							
COVEX PHORMA, INC.							
2. Principa	al Office Address BNCKEU AVE.	3. Mailing Office Add		07/0	00021272506 2/0301056007 **1	5 50.00	
Suite, Apt. #	<u> </u>	Suite, Apt. #, etc.	1721 KNCKEU NVE、 Suite, Apt. #, etc. 井 1100		4. Date Incorporated or Qualified To Do Business in Florida 1/8/17002		
	110HI, PC. 33131	City & State	City & State MISMI, FL		To Do Business in Florida 08/08/200 2 5. FEI Number		
331:	3) Country US A	Zip 33/3/	Country USA	G. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional for a Certificat		
7. Name and Address of Current Registered Agent							
	Street Address (P.O. Box Number is Not Acceptable) 1221 MICKELL SUE.						
<u> </u>	Suite, Apt. #, Etc. # 1221 #1100						
<u> </u>	City	MINNI	<i></i>	State Zip Code 73/3/	<u> </u>		
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 REGISTERED AGENT MUSTISION					Date <u>04/28/2003</u>	CR2E081 (10/02	
9. Names	and Street Addresses of Each Officer	and/or Director (Florida no	profit corporations must lis	st at least 3 directors)	+ 200 j.		
Titles	Name of Street Address of Officers and/or Directors Officer and/or Di		of Each	City / State / Zip			
DPST	CALVO MONDELO, FERNANDO 1221 BRICKEL A		001.₩. 3V0	16.7/1100 MDM 1F(.33)3)			
							
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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 filling 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 the same legal effect as if made under oath.							
SIGNATURE: SIGNATURE AND TYPE PROPERTY OF SIGNING OFFICER OR DIRECTOR Date Design Phone #							
	SIGNATURE AND ITPACEN	TRAFFIEL NAME OF SIGNING	OFFICER OR DIRECTOR		Date Daytime Phone #		