

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JAN -9 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000024974

**1. Corporation Name**

CO-VENTURES IN REAL ESTATE, INC

**2. Principal Office Address**

1625 S. FEDERAL HWY

Suite, Apt. #, etc.

3-211

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

**3. Mailing Office Address**

1625 S. FEDERAL HWY

Suite, Apt. #, etc.

3-211

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

**REINSTATEMENT**

0476

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

3/3/03

**5. FEI Number**

47-0911781

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

ROBIN WINNICK

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

7406 HAVILAND CIRCLE

300063567343

Suite, Apt. #, Etc.

01/12/06--01055--005 \*\*451.00

City

BOYNTON BEACH

State

FL

Zip Code

33437

**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

Robin Winnick

Date 1-3-03

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	ROBIN WINNICK	7406 HAVILAND CIRCLE	Boynton Bch, FL 33437

**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 contained in Chapter 119, 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:**

Robin Winnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

954-494-7789

Daytime Phone #

B. Mitchell JAN 10 2006

2082

## Co-Ventures In Real Estate, Inc.

954-494-7789

Fax 954-783-0635

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

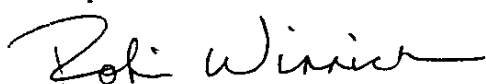
January 5, 2006

I was recently made aware that my Corporation was inactive. I spoke with your department and would like to re-instate my Corporation. I humbly request that you waive the late/penalty fee to re-instate, since I started my Corporation, I have never received a notice.

I have enclosed the appropriate form and a check for \$450.00 to be re-instated.

Thank You

Respectfully,



Robin Winnick  
President  
Co-Ventures In Real Estate Inc.