

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 26 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 03000056063*

1. Corporation Name

Covensa Corporation

400111399424
10/26/07--01058--006 **300.00

2. Principal Office Address - No P.O. Box #
4648 NW 114 Ave.

3. Mailing Office Address
4648 NW 114 Ave.

Suite, Apt. #, etc.
606

Suite, Apt. #, etc.
606

City & State
Miami, FL

City & State
Miami, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

REINSTATEMENT

06-07

4. Date Incorporated or Qualified
To Do Business in Florida **05/13/2003**

5. FEI Number
542122675

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
Simaray Quiñonez

Street Address (P.O. Box Number is Not Acceptable)
4648 NW 114 Ave

Suite, Apt. #, Etc.
606

City
Miami

State
FL

Zip Code
33178

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Simaray Quiñonez
REGISTERED AGENT MUST SIGN

Date *06/21/2007*

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
PD	Simaray Quiñonez	4648 NW 114 Ave	Miami, FL 33178
VD	Carem Corvaia	4648 NW 114 Ave	Miami, FL 33178
AD	Carlos Corvaia	4648 NW 114 Ave	Miami, FL 33178
TD	Carla Corvaia	4648 NW 114 Ave	Miami, FL 33178

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:

Simaray Quiñonez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simaray Quiñonez (PD)

06/21/2007

Date

305 517 7322

Daytime Phone #

Florida Department of Revenue
Division of Corporation
Reinstatement Office
Tallahassee, FL

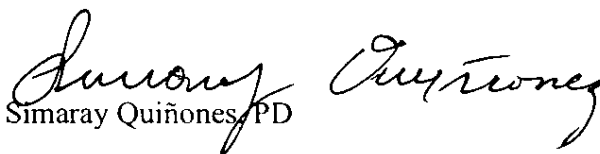
To Whom It May Concern:


Enclosed check for \$300.00 for annual reports for the years 2006 and 2007.

We realized that this company has been inactive since 2006, report was not paid because we moved and did not received report.

We respectfully ask you to abate any penalties,

Sincerely yours,


Simaray Quiñones, PD

cc 
NMP Professional Services, Inc.
2500 S.W. 107 Ave.
Suite #8
Miami, FL 33165