

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056063

Entity Name: COVENSA CORPORATION

FILED  
Nov 26, 2008  
Secretary of State

## Current Principal Place of Business:

4648 NW 114 AVENUE, #606  
MIAMI, FL 33178

## New Principal Place of Business:

50 SW 10TH ST.  
501  
MIAMI, FL 33131

## Current Mailing Address:

4648 NW 114 AVENUE, #606  
MIAMI, FL 33178

## New Mailing Address:

50 SW 10TH ST.  
501  
MIAMI, FL 33131

FEI Number: 54-2122675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINONEZ, SIMARAY  
4648 NW 114 AVENUE, #606  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: CAREM CORVAIA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: QUINONEZ, SIMARAY  
Address: 4648 NW 114 AVENUE, #606  
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete  
Name: CORVAIA, CAREM  
Address: 4648 NW 114 AVENUE, #606  
City-St-Zip: MIAMI, FL 33178

Title: AD ( ) Delete  
Name: CORVAIA, CARLOS  
Address: 4648 NW 114 AVENUE, #606  
City-St-Zip: MIAMI, FL 33178

Title: TD ( ) Delete  
Name: CORVAIA, CARLA  
Address: 4648 NW 114 AVENUE, #606  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: CORVAIA, CAREM  
Address: 50 SW 10TH ST APT. 501  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAREM CORVAIA

VP

11/26/2008

Electronic Signature of Signing Officer or Director

Date