

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000081375

1. Entity Name
LINENS BY COVER IT, INC.



Principal Place of Business
1923 W COPANS RD
POMPANO BEACH, FL 33064

Mailing Address
1923 W COPANS RD
POMPANO BEACH, FL 33064

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2986761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOMBARDI, BLANCA
1923 W COPANS RD
POMPANO BEACH, FL 33064

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME LOMBARDI, BLANCA
STREET ADDRESS 1923 W COPANS RD
CITY-ST-ZIP POMPANO BEACH, FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS
NAME ARIAS, DORIS
STREET ADDRESS 1923 W COPANS RD
CITY-ST-ZIP POMPANO BEACH, FL 33064

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 SEP 27 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072007 REINSTATEMENT CR2009B (1/07)

06-07

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09/27/07--01026--022 **300.00

9/27/07

954-971-6666