

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV -9 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085741

1. Corporation Name

COVINGTON ENTERPRISES, INC.

2. Principal Office Address

10151 University Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

352

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32817

Country

Orange

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1994

5. FEI Number

59-3283424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

5-7-04 01018 011 15875  
4-26-04 01060 010  
CR2E081 (12/05) 8750.00

7. Name and Address of Current Registered Agent

Name

Mark O. Cooper, Esq., O'Neill, Liebman & Cooper, P.A.

Street Address (P O Box Number is Not Acceptable)

2699 Lee Road

Suite, Apt. #, Etc

320

City

Winter Park

REINSTATEMENT 03-86

State

FL

Zip Code

32789

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 MUST SIGN

Date 11.8.06

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/D	Al Covington	10151 University Blvd.	
		Ste. 352	Orlando, FL 32817

600082327245  
12/05/06--01052--011 \*\*291.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/2006

Date

(407) 740-7266

Daytime Phone #