

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P95000025434

97 DEC 19 PM 3:34

1. Corporation Name

KOVENS CONSTRUCTION GROUP INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12866 BISCAYNE BLVD. #1
MIAMI FL 33181

Mailing Address

12866 BISCAYNE BLVD. #1
MIAMI FL 33181



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0568929

Applied For

Not Applicable

City & State

NORTH MIAMI, FLA.

City & State

NORTH MIAMI, FLA.

Zip

33181

Country

Zip

33181

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	KOVENS, KEITH	1320 DAYTONIA ROAD	MIAMI BEACH FL

300002380153-0
-12/23/97--01033--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KIPNIS, ALAN
ONE FINANCIAL PLAZA
SUITE 2308
FT. LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

KEITH KOVENS

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

12866 BISCAYNE BLVD.

Suite, Apt. #, Etc.

City

NORTH MIAMI

State
FL

Zip Code

33181

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/15/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

12/15/97

Date

305-893-7070

Daytime Phone #

CR2040 (8/97)