

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030073

1. Corporation Name

COVERPOL, INC.

2. Principal Office Address - No P.O. Box #

2121 PONCE DE LEON BLVD

3. Mailing Office Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE: 1050

Suite, Apt. #, etc.

SUITE: 1050

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1995

5. FEI Number

74-2564162

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
CONSULTING SERVICES OF SOUTH FLORIDA, INC.

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
SUITE: 1050

City
CORAL GABLES

State
FL

Zip Code
33134

☒ 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

REGISTERED AGENT MUST SIGN

Date 07-20-07

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	ALFREDO SCHIAVO	5225 COLLINS AVE #718	MIAMI BEACH FL 33140

600107466046
08/07/07--01057--015 **450.00

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:

ON BEHAVE
OF ALFREDO

07-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #