

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>00 NOV 20 PM 4:46</b>	
<b>DOCUMENT # P97000103024</b>					
1. Corporation Name <b>COVA DEVELOPMENT, INC.</b>					
Principal Place of Business <b>1535 W. 35TH PL HIALEAH FL 33012</b>		Mailing Address <b>1535 W. 35TH PL HIALEAH FL 33012</b>			
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 <b>12/08/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0798336</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
1	2	3	4		
PVST	COVARRUBIAS, ANGEL S	1535 W. 35TH PL	HIALEAH FL 33012		
D	COVARRUBIAS, ANGEL S	1535 W. 35TH PL	HIALEAH FL 33012		
			000003493340--8		
			-12/11/00--01037--023		
			****758.75 ****758.75		
			11/12/14		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
COVARRUBIAS, ANGEL S 1535 W. 35TH PL HIALEAH FL 33012			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>		
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				Date <b>11-16-00</b>	
REGISTERED AGENT MUST SIGN					
11. 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:				Date <b>11-16-00</b> (305) 822-6118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (8/00)