

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000106525

1. Corporation Name

Kovatch Enterprises, Inc.

2. Principal Office Address

1111 BAYSHORE BLVD

Suite, Apt. #, etc.

UNIT A-6

City & State

CLEARWATER, FL

Zip

33759

Country

PINELLAS

3. Mailing Office Address

SAME AS BOX 2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

12-98

5. FEI Number

59-3549038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

4000064486046R2

-07/16/02--010521006

\*\*\*\*300.00 \*\*\*\*300.00

0102

7. Name and Address of Current Registered Agent

Name

ANDREW J. KOVATCH

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

1111 BAYSHORE BLVD

Suite, Apt. #, Etc.

UNIT A-6

City

CLEARWATER, FL

State

FL

Zip Code

33759

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

Date

6-18-02

REGISTERED AGENT MUST SIGN

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
PRESIDENT	ANDREW J. KOVATCH	1111 BAYSHORE BLVD UNIT A-6	CLEARWATER, FL 33759

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 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

6-18-02

Date

(H) 727 723-9419

727 535-0799

Daytime Phone #

CR2E081 (9/01)