

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 27 AM 11:15

REINSTATEMENT 1993-2015

DOCUMENT # V04257

1. Corporation Name

National insurance coverage corp

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

17850 Deauville Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boca Raton, Fl.

City & State

Same

Zip

33496

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1992

5. FEI Number

65-0305683

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

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

17850 Deauville Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

03/09/15--01002--010 **35.00

800270406438
03/09/15--01002--011 **3750.00

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 03/04/2015

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
P	Murray Markman	17850 Deauville Lane	Boca Raton, Fl. 33496
s/t	Lenore Markman	17850 Deauville Lane	Boca Raton, Fl. 33496
			800270406438 03/27/15--01028--021 **265.00
			800270406438 03/27/15--01028--022 **8.75

10. E-mail Address: murlen22@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2015

581997.9394

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2015

MURRAY MARKHAM
NATIONAL INSURANCE COVERAGE CORP
17850 DEAUVILLE LANE
BOCA RATON, FL 33496 US

SUBJECT: NATIONAL INSURANCE COVERAGE CORP.
Ref. Number: V04257

We have received your document for NATIONAL INSURANCE COVERAGE CORP. and your check(s) totaling \$3785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$150.00 filing fee per year for the years 1993 through the current year.

Therefore, the total fee to file the reinstatement is \$4050.00. Add an additional \$8.75 for each certificate of status requested.

There is a balance due of \$265.00.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The statement of change of registered agent is not needed as the registered agent and registered office can be changed on the reinstatement application therefore, we have applied the \$35.00 for the registered agent change to the reinstatement.

Please list the new registered agent and/or registered office in box 7 of the reinstatement application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 115A00005134