

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 PM 4: 15

DOCUMENT # **G24428**

1. Corporation Name

UNITED BATHROOM SYSTEMS, INC.

Principal Place of Business

3731 SW 47TH AVE
SUITE 402
FT LAUDERDALE FL 33314
US

Mailing Address

3731 SW 47TH AVE
SUITE 402
FT LAUDERDALE FL 33314
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1983

5. FEI Number

59-2760117

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD PD	TURNER, CHARLES H	5098 NW 98TH LN 5028 SW 40th AVE	CORAL SPRINGS FL FT LAUDERDALE, FL 33314
SD	TURNER, DENISE F	5098 NW 98TH LN	CORAL SPRINGS FL
SVPD	BELLOWS, GARY W	1900 G OCEAN BV 5	POMPANO BEACH FL 33062
D	BRADFORD N. FRAPART	8405 NW 16th ST., # 314	TAMARAC, FL 33321
			100004658621--9
			-10/30/01--01021--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

TURNER, CHARLES H
% UNITED BATHROOM SYSTEMS INC
3731 SW 47TH AVE SUITE 402
FT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charles H. Turner
REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

CHARLES H. TURNER, Pres.

Charles H. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

(954) 583-5267

CR2040 (8/01)