PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEWIENT	
OCUMENT # A	127165

FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 AUG - 1 PM 12: 46

1. Corporation Name

United Families of America, Inc.

2. Principal Office Addr Route 2, Box		3. Mailing Office Address P.O. Box 372					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		~ ~-			
Suite, Apt. #, etc.		Suite, Apr. W. Cit.		4. Date Incorporated or Qualified To Do Business in Florida July 1999			
City & State		City & State Tallahassee, Florida		5. FEI Number	Applied For		
Havana, Florida				59-2952622	Not Applicable		
Zip 32333	Country United States	Zip 32315-7277	Country U.S.	6.			

7. Name and Address of	Current Registered Agent
Name Chriss Walker	
Street Address (P.O. Box Number is Not Acceptable) 4070 Esplanade Way	500021990605
Suite, Apt. #, Etc.	08/01/0301045001 **131.2
City Tallahassee	State Zip Code 32399~3150

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

TERED AGENT MUST SIGN

9. Name:	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		
Pres.	Vera L. McIntyre	Rt. 2, Box 4847	Havana, FL 32333		
VP	Chriss Walker	3110 Pasco Street	Tallahassee, FL 32305		
Treas	Roosevelt Wilson	5020 Valley Farm Road	Tallahassee, FL 32303		
Parli	William McGill	P.O. Box 98	Midway, FL 32343		
Sec.	Stacy Meaders	804 Peggy Drive	Tallahassee, FL 32305		
Chap	Anthony Hall	4292 Carnwath Road	Tallahassee, FL 32303		

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 filling 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.

S	IG	N	Δ	Τl	П	R	F	•

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR