

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAD00000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
UNITED AVIATION HOLDINGS, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,208.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

CR28081 (11/10)

DOCUMENT # P 03000097471

1. Corporation Name

UNITED AVIATION HOLDINGS, INC

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

240 CRANDON BLVD.

Suite, Apt. #, etc.

SUITE 167

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

240 CRANDON BLVD.

Suite, Apt. #, etc.

SUITE 167

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/5/2003

5. FEI Number

80-0091516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED SB 75 A and B and Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ivan Harris

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

Morgan, Lewis & Bockius LLP, 200 S. Biscayne Blvd

Suite, Apt. #, Etc.

Suite 5300

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent

Date 8/23/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DENNIS JOHN DEVANEY	240 CRANDON BLVD, S. 167	KEY BISCAIYNE, FL 33149

REINSTATEMENT

2008-11

10. E-mail Address: JOHN@UNITEDCAPITAL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the person in charge of business 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 person for disqualification 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 that 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.817.165, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08/22/11

(305) 365-0527

Daytime Phone #