

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 DEC 15 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067211

1. Corporation Name  
*United American Development Corporation*

2. Principal Office Address <i>1689 Hiatus rd.</i>		3. Mailing Office Address <i>1689 Hiatus rd.</i>	
Suite, Apt. #, etc. <i>#148</i>		Suite, Apt. #, etc. <i>#148</i>	
City & State <i>Pembroke Pines, FL.</i>		City & State <i>Pembroke Pines, FL.</i>	
Zip <i>33026</i>	Country <i>USA</i>	Zip <i>33026</i>	Country <i>USA</i>

**REINSTATEMENT** *9710*

4. Date Incorporated or Qualified To Do Business in Florida *9/7/94* **SP**

5. FEI Number *650529189*  
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 *Ronald S. Asnes c/o Law Offices of Ronald Asnes*

Street Address (P.O. Box Number is Not Acceptable)  
*400 SW Boca Raton Blvd,*

Suite, Apt. #, Etc. *Suite 202*

City *Boca Raton*

State **FL** Zip Code *33432*

*400003509314 - 1*  
*-12/20/00--01080--017*  
*\*\*\*\*1200.00 \*\*\*\*1200.00*

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 *[Signature]* Date *12/14/00*

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
<i>P</i>	<i>Norman Dubin</i>	<i>9108 Villa Portifino Boca</i>	<i>Boca Raton, FL, 33496</i>
<i>T</i>	<i>Sandy Thaler</i>	<i>711 NE Harbor Terrace</i>	<i>Boca Raton, FL, 33431</i>
<i>V</i>	<i>Stanley Dubin</i>	<i>8323 NW 51<sup>st</sup> Manor</i>	<i>Coral Springs, FL 33067</i>
			<i>400003509314 - 1</i> <i>-12/20/00--01080--018</i> <i>*****8.75 *****8.75</i>

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]* *Norman Dubin* Date *12/14/00* Daytime Phone # *561-558-8101*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)