

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

00 JAN -3 PM 2:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000002659

1. Corporation Name

UNITED CAPITAL PROPERTIES, INC.

Principal Place of Business

UNITED CAPITAL MANAGEMENT, INC. 18501 MURDOCK CIRCLE SUITE 302 PORT CHARLOTTE FL 33948

Mailing Address

P.O. BOX 380921 MURDOCK FL 33938-0921



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

2. New Principal Office Address, If Applicable 1300 Enterprise DR

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1996

Suite, Apt. #, etc. C

Suite, Apt. #, etc.

5. FEI Number

65-0644542

Applied For

City & State

PORT CHARLOTTE, FL

City & State

Zip

33948

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Hill, David and Platt, Krista K.

600003095386 -- -01/12/00--01005--015 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLATT, DANIEL B. 10112 TOLEDO BLADE PORT CHARLOTTE FL 33948

Name DANIEL B. PLATT Street Address (P.O. Box Number is Not Acceptable) 1300 Enterprise DR Suite, Apt. #, Etc. C

City PORT CHARLOTTE State FL Zip Code 33948

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

Handwritten signature of Krista K. Platt

Date 12/29/99

REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature of Krista K. Platt and typed name: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/99

Daytime Phone # 941-255-1616