

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  
 DIVISION OF CORPORATIONS

00 OCT 20 PM 12:32

DOCUMENT # **P96000002659**

1. Corporation Name  
**UNITED CAPITAL PROPERTIES, INC.**

Principal Place of Business	Mailing Address
%UNITED CAPITAL MANAGEMENT, INC. 1300 ENTERPRISE DR. #C PORT CHARLOTTE FL 33948	P.O. BOX 380921 MURDOCK FL 33938-0921



**REINSTATEMENT 00**

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	01/04/1996
5. FEI Number	65-0644542
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>P</del>	<del>HILL, DAVID</del>	<del>18501 MURDOCK CIR STE 302</del>	<del>PORT CHARLOTTE FL 33948</del>
<del>S</del>	<del>PLATT, KRISTA K</del>	<del>18501 MURDOCK CIR STE 302</del>	<del>PORT CHARLOTTE FL 33948</del>
P/SH	PLATT, DANIEL	1300-C ENTERPRISE DR	PORT C CHARLOTTE FL 33948
			800003447338-1 -11/01/00--01084--001 ****750.00 ****750.00
			10/30

8. Name and Address of Current Registered Agent

**PLATT, DANIEL B**  
 1300 ENTERPRISE DR., #C  
 PORT CHARLOTTE FL 33948

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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: [Signature] Date: 10/17/00

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

SIGNATURE: [Signature] Date: 10/17/00 Daytime Phone #: 941-255-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)