

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JUN -9 AM 10:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000061736**
 1. Corporation Name
United Industries Services, Inc.

Principal Place of Business Mailing Address
**4184 West 11 Lane
 Hialeah, FL 33012**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable
18025 SW 192 ST
 Suite, Apt. #, etc.
 City & State **Miami FL**
 Zip **33187** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **7/16/97**
 5. FEI Number **65-0767844**
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
p/s/r/d	RAUL GARCIA	18025 SW 192 ST	Miami FL 33187

8. Name and Address of Current Registered Agent
RAUL GARCIA
4184 W 11 LANE
Hialeah FL 33012

9. Name and Address of New Registered Agent
 Name **RAUL GARCIA**
 Street Address (P.O. Box Number is Not Acceptable) **18025 SW 192 ST**
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33180**

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 **4/26/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/26/99 Date **305-971-4457** Daytime Phone #

CRPFORM 1121981

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April 28, 1999

United Industries Services, Inc.
18025 S. W. 192 St
Miami, Fl 33187

Division of Corporations

Att: Certification Reinstatement
PO BOX 6327
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$300.00 for the reinstatement of United Industries Services, Inc. Document # P97000061736. This payment is for the 1998 and 1999 annual report. The reason in which I did not pay this fee the prior year is because I did not receive the annual report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,


Raul Garcia