

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 550199

1. Corporation Name

UNITED INVESTMENTS, INC.

2. Principal Office Address

2933 S. Florida Ave

Suite, Apt. #, etc.

Suite 4

City & State

Lakeland FL

Zip

33803

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/77

5. FEI Number

59-1772759

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

TOM E. SCHARAR

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

2933 S. Florida Ave

Suite, Apt. #, Etc.

Suite 4

City

Lakeland

State

FL

Zip Code

33803

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

Tom E. Scharar

REGISTERED AGENT MUST SIGN

Date 10/24/00

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
P/D	Tom E. Scharar	2933 S. Florida Ave	Lakeland FL 33803
VP/D	Daphne Scharar	1202 Briarbrook	Houston TX 77042
S	Anne Scharar	528 Carole	Lakeland FL 33803
AS	Robert W. Scharar	1202 Briarbrook	Houston TX 77042

KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom E. Scharar

Date

10/24/00

Daytime Phone #

863 6874663

CR2E081 (9/99)