

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
01 SEP 28 PM 1:04

DOCUMENT # 572912

1. Corporation Name

EDEN UNITED, INC.

Principal Place of Business

Mailing Address

P. O. BOX 5403
FT. LAUDERDALE FL 33310-5403
US

P.O. BOX 5403
FT. LAUDERDALE FL 33310-5403
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1863211

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
PD	LEVAN, ALAN B.	1750 E. SUNRISE BLVD., 3RD FLOOR	FT. LAUDERDALE FL
VTS	GILBERT, GLEN R.	1750 E. SUNRISE BLVD., 3RD FLOOR	FT. LAUDERDALE FL
			100004621301--2 -10/03/01--01029--006 ****150.00 ****150.00
			100004621301--2 -10/03/01--01029--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LEVAN, ALAN B.
1750 E. SUNRISE BLVD., 3RD FLOOR
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name Glen R. Gilbert
Street Address (P.O. Box Number is Not Acceptable)
1750 E. Sunrise Blvd, 3rd Floor
Suite, Apt. #, Etc.
City Ft. Lauderdale State FL Zip Code 33304

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

GLEN R. GILBERT
Executive Vice President
REGISTERED AGENT MUST SIGN

Date 8/1/2001

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:

GLEN R. GILBERT
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER

8/1/2001

Date

(954) 760-5200

Daytime Phone #

CR2E040 (8/00)