

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 583824

1. Corporation Name
UNM Investments, Inc.

FILED

02 SEP 25 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/27/02--01065--025

***1208.75 ***1208.75

2. Principal Office Address 5420 N. Ocean Drive		3. Mailing Office Address 5420 N. Ocean Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Riviera Beach, FL		City & State Riviera Beach, FL	
Zip 33404	Country USA	Zip 33404	Country USA
4. Date incorporated or Qualified To Do Business in Florida 08/30/1978			
5. FEI Number 85-0265380		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent

Name Eric M. Sauerberg, P.A.

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

200 Village Square Crossing

REINSTATEMENT

99-02

Suite, Apt. #, Etc.

Suite 102

City

Palm Beach Gardens

State
FL

Zip Code

33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.03(1) or 617.05(3), F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/24/02

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
PD	Phillip W. McCollum	5420 N. Ocean Drive	Riviera Beach, FL 33404
VD	Frank W. Guilford, Jr.	2222 Ponce De Leon Blvd. Penthouse	Coral Gables, FL 33134
STD	Jeffrey Fine	5200 Blue Lagoon Dr., Suite 250	Miami, FL 33126

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 607.04(1) or 617.04(1), 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)(b), 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:

Phillip W. McCollum

(561) 840-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #