PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857714

1. Corporation Name

Principal Place of Business

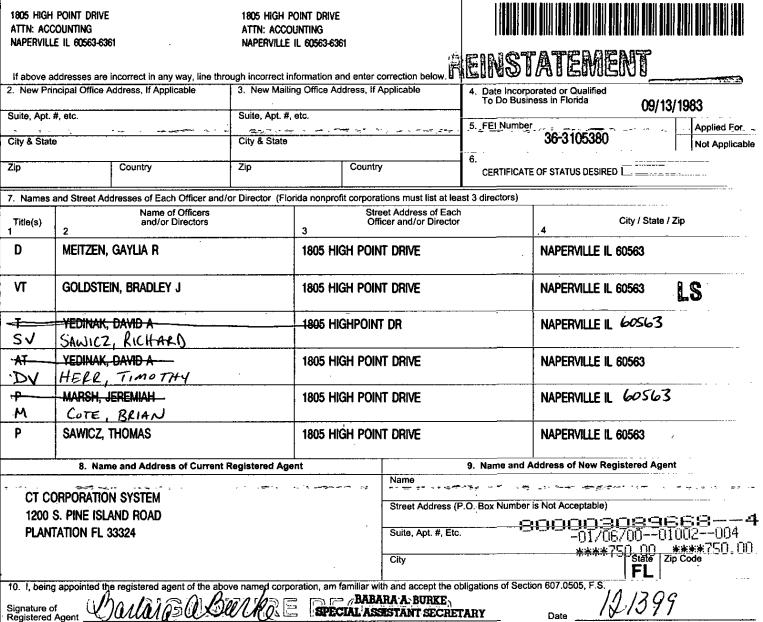
UNITED CHAMBERS ADMINISTRATORS, INC.

Mailing Address

FILED

99 DEC 27 PM 3: 43

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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:

BRADLEY J. GOLDSTEIN

OF THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OF USE PRESIDENT

REGISTERED AGENT MUST SIGN

11-29-49 630 577 8404