

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F000000005903

1. Corporation Name

UNICAPITAL OPERATIONS GROUP, INC.

2. Principal Office Address

2121 S BROADWAY

Suite, Apt. #, etc.

City & State

PORTLAND OR

Zip

Country

97201

US

3. Mailing Office Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTE NC

Zip

Country

28255

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1999

5. FEI Number

65-0897205

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

CT CORPORATION SYSTEM

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

1200 S PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

ALLAN FARNELL

ASSISTANT SECRETARY

Date

5-5-2004

REGISTERED AGENT MUST SIGN

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	City / State / Zip
D / P	ANTHONY M HAGEN	NC1-021-02-20 401 N-TRYON ST CHARLOTTE NC 28255
SVP	GREG S MROZ	
SEC	CHRISTINE M COSTAMAGNA	
TREA	ROBERT A KEYES, JR	

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

GREG S MROZ

Sr. V.P.

Date

4/ 28 /04

Daytime Phone #

704-386-1190