

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN 30 P 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001765

1. Corporation Name

1st United Capital Corp.

000142516310
02/02/09--01001--016 **\$600.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

626 RexCorp Plaza

3. Mailing Office Address

626 RexCorp Plaza

Suite, Apt. #, etc.

Sixth Floor, West Tower

Suite, Apt. #, etc.

Sixth Floor, West Tower

City & State

Uniondale, NY

City & State

Uniondale, NY

Zip

11556

Country

United States

Zip

11556

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/13/1998

5. FEI Number
113427930

☒ 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

Audrey Pope

Street Address (P.O. Box Number is Not Acceptable)
785 W. Osprey Lane

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Audrey B.C. Pope
REGISTERED AGENT MUST SIGN

Date 1/30/09

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
Pres.	Mitchell Del Gais	626 RexCorp Plaza 6th Fl West Tower	Uniondale, NY 11556

REINSTATEMENT

06-09
[Signature]

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 contained in Chapter 119, 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 of Mitchell Del Gais]

Mitchell Del Gais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2009

Date

516-512-7770

Daytime Phone #

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st UNITED Capital Corp.
(Name of Foreign Corporation)

Dear Sir or Madam:

The enclosed Foreign Name Registration, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Audrey Pope
(Name of Person)

Mortgage & Title Licensing Experts, INC
(Firm/Company)

785 W. Osprey Lane
(Address)

Monticello, FL 32344
(City/State and Zip Code)

RECEIVED
09 JAN 30 PM 4:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Audrey Pope at (850) 997-5464
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$ 600.00