

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUN 15 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000002432

1. Corporation Name

UNITED LAND Abstract of
NEW Jersey, Inc.

600157175196
06/15/09--01048--005 **450.00

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

888 Veteran Highway

Suite, Apt. #, etc.

Suite 530

City & State

Hempstead NY

Zip

11788

Country

USA

3. Mailing Office Address

888 Veteran Highway

Suite, Apt. #, etc.

Suite 530

City & State

Hempstead NY

Zip

11788

Country

USA

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-06

5. FEI Number

30-0099433

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

Incorp Services, Inc.

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

17888 67th Court North

Suite, Apt. #, Etc.

City

Luxemburg

State

FL

Zip Code

33470

☒ 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

Incorp Services, Inc.

Janice Quill on behalf of Incorp Services, Inc. Date 6/11/09

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	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Elizabeth Barrasu	3 NADIA CT	Smithton NY 11788
Dir.	Gerard Barrasu	3 NADIA CT	Smithton NY 11788

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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-09

Date

631-584-2032

Daytime Phone #

6/22
AD