PLEASE READ	ALL INST	BUCTIONS	BEFORE (COMPLET	ING THIS FORM
PLEASE READ ALL INSTRUCTIONS APPLICATION FOR Secretary of S PLORIDA DEPARTMENT Secretary of S PLORIDA DEPARTMENT Secretary of S PLORIDA DEPARTMENT		NT OF STATE r tham State		ř <u>ijed</u>	
DOCUMENT # F9300001758				98 MAR 31 AM 10: 58	
1. Corporation Name					SECTION OF STATE WILLAM SEEL, FLORIDA
United Buyers Advantage, Inc.					AMTAIL West LIOUDA
Principal Place of Business Mailing Address				-	
11336 Wiles Road Coral Springs, F1 33076					
If above addresses are incorrect in any way, line through incorrect information and enter control in the property of the prope				4 Date Incom	orated or Qualified
Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida April 5,1993		
City & State City & State		5. FE		5. FEI Numbe	65-0395513 Applied For Not Applicable
Zip Country	Zip	Countr	у	6. CERTIFICATI	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Flo	·			T
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		n Numbers)	City / State / Zip
P/D Joni L.Becker		6522 N.W.99th Ave		е	Coral Springs, F133076
V/D Joni L.Becker		6522 N.W.99th Avenue		enue	Coral Springs, Fl 33076
S/D Joni L.Becker		6522 N.W. 99th Avenue		venue	Coral Springs, F1 33076
REINS				TATEN	1ENT 97-98
					307
Name and Address of Current Registered Agent				9. Name and A	Address of New Registered Agent
William R, Becker					
11336 Wiles Road Coral Springs, F1 33076				Street Address (P.O. Box Number 1	
			L	City State Zip Code	
10. I, being appointed the registered elent of the above named comporation, am familiar with an				oligations of Section	\ FL (
Signature of Registered Agent _ Date 3/24/98					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)					
12. 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: Joni L. Becker 3/24/98 (954)340-1240 SIGNATURE: Date Dayline Phone #					