PLEASE READ A	ALL INSTRUCTION	NS BEFORE C	OMPLETING THIS FORM	ibonum.	
PPLICATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		•	AND	
DOCUMENT #	DIVISION DI CO	nrona nono	Ï	-1 PM 12: 30	
1. Opporation Name F95000003412			SECRETA TALLAHA	ARY OF STATE SSEE, FLORIDA	
U.K. CAPITAL CORPOR	ATION				
Principal Place of Business Mailing Address					
250 International Posuite 200 Heathrow, FL 32746 If above addresses are incorrect in any way, line thro	-	enter correction below.			
New Principal Office Address, If Applicable 3. New Mailing Office Address, If A			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	14/1995 Applied For	
Chy & State	City & State		59-3320507	Not Applicable	
Zip Country	Zip C	ountry		75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit co				
		Street Address of Each Officer and/or Director OT Use Post Office Box N	r City / Str	ate / Zip	
250 Internationa					
DP John Frankum Suite 2				W, FL 32746	
		250 International Parkway Suite 200 Heathrow, FL 32746			
DPCynthia Faulk Suite 20			II CACILLON F	111111111111	
			000002169 -0\$/07/97- ****365.00	34609 -01064004) ****365.00	
			pr5/5		
8. Name and Address of Current F	Registered Agent		9. Name and Address of New Registered A	Agent	
Cindy Lawhon Cindy			Faulk P.O. Box Number is Not Acceptable)	9675	
250 International Parkwa	250 Inte	250 International Parkway			
Suite 200 Heathrow. FL 32746		Suite, Apt. #, Etc.	Suite 200		
Gity City			athrow FL	Zip Code 32746	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent	GISTERED AGENT MUST SIG	GN	Date 4/30/	197	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No					
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my significant	lution has been eliminated, the ames of Individuals listed on th	corporate name satisfies ils form do not qualify for lal effect as if made under	the requirements of section 607.0401 or 617.04 an exemption under section 119.07(3)(i), F.S. 1 r oath.	101, F.S., that all fees The information indicated	
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIALE DELE DATE DE DAYSIMO PROPE #					

U.K. Capital Corporation 250 International Parkway Suite 200 Heathrow, Florida 32746 (407) 829-2000 (407) 829-2222 fax

April 30, 1997

Mr. Sean Toner Senior Section Administrator Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, Florida 32314

RE: Document # F95000003412 **U.K.** Capital Corporation

Dear Mr. Toner,

Thank you for the blank Application For Reinstatement. Enclosed you will find a check for \$365.00. It is our understanding that our status will now be current according to the Department of State, Division of Corporations guidelines. We had not received the 1996 form due to a change in our mailing address. Please note in your records our new address shown on the Application.

Thank you again for your prompt attention. Please call, should you have any questions.

Sincerely,

Cindy Faulk

Cindy Jaulk

Secretary/Treasurer