

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
2000 UBE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 19 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F97000002457

1. Corporation Name

UNITED COMPANIES DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2102 PIEDMONT ROAD  
ATLANTA GA 30324

2102 PIEDMONT ROAD  
ATLANTA GA 30324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1722742

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VICKERS, DAVID M	2102 PIEDMONT RD	ATLANTA GA 30324
D	VICKERS, JULIE F	2102 PIEDMONT RD	ATLANTA GA 30324
CFO	BREWER, BILL	2102 PIEDMONT RD	ATLANTA GA 30324

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\*\*\*\*400.00 \*\*\*\*400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CARPENTER, RONALD A  
5608 NW 43RD STREET  
GAINESVILLE FL 32653

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00 404-825-2700

CR2E040 (8/00)



2012

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

We are re-submitting our application for 2000 Uniform Business Report With Document #97 00000 2457.

Enclosed is our check #18676 in the amount of Four Hundred Dollars (\$400.00).

Very trulu yours,

Nancy Bonus  
Accounting Dept.