## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINSTALEMENT	
REINSTATEMENT	

## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

F98000006250

1. Corporation Name

UNIONFED, INC.

**DOCUMENT #** 

Principal Place of Business

Mailing Address

25 SMITH ST NANUET NY 10954 25 SMITH ST NANUET NY 10954 FILED

02 NOV 14 AM 11: 22

SECKETARY OF STATE TALLAHASSEE, FLORIDA



		incorrect in any way, line th	rough incorrect in	nformation a	nd enter correctio	n below.						
				ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     11/10/1998					
Suite, Apt. #, etc. Suite, Apt. #			, etc.			5. FI	El Number		-		Applied For	
City & State City & State						1		NOT APPLICABLE		_	Not Applicable	
Zip Country Zip			Country E.,			6. CERTIFICATE OF STATUS DESIRED S8.75 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) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
<del>-cvcb</del>	MOSES; ARI H				38 DORAL CT				NEW CITY NY 10956			
-PST-	MOSES, ARI H				38 DORAL GT				NEW CITY NY 10958			
٧	KARLEWICZ, MICHAEL				45 NORMANDY VILLAGE APT 3				NANUET NY 10954			
CUCD	Moses, ARI H				102 GAIR ST				PIERMONT, NY 10968			
PST	MOSES, ARI H				102 GAIR ST							
	MOSES, ARI H 102 GAIR ST PIERMONT, NY 10968 70009007727 11/14/0201089003 **150.00							. 00				
8. Name and Address of Current Registered Agent					Name		Name and Address of New Registered Agent					
BURACK, MARC					`   ·	Burac	<del>K                                    </del>	MARC	CO UNIONPE	D.N	<u> </u>	
C/O UNIONFED, INC				$\mathcal{H}$	Street Address (P.O. Box Number is Not Acceptable)							
10628 NW 48TH STREET					Suite,	Apt. #, Etc.		51	ME -			
CORAL SPRINGS FL 33076								de				
						OMPAN				FL		
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. or 617.0505, F.S.  Signature of Registered Agent												
Registered Agent Date 111700												

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

SIGNATURE:

SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

1/13/02

845-624-3200 x 23

Daytime Phor



November 13, 2002

Department of State Division of Corporations 409 East Gaines Street Tallahassec, FL 32399

Re: Unionfed, Inc.

To Whom It May Concern:

Enclosed please find our Application for Reinstatement as well as the required fee for same. I did not receive the annual filing packet and would appreciate your consideration in waiving the late fees associated with this filing.

If there are any further problems or questions please contact me.

Thank you for your assistance.

Sincerely,

Ari H. Moses President

reply to:

☐ PROCESSING CENTER

25 Smith Street Nanuet, NY 10954 Telephone (845) 624-3200 Fax (845) 624-8789 ☐ LITTLE FALLS BRANCH

13 Fairfield Avenue Little Falls, NJ 07424 Telephone (973) 890-7575 Fax (973) 890-0881 ☐ TOMS RIVER BRANCH

300 Route 37 East Toms River, NJ 08753 Telephone (732) 557-9200 Fax (732) 557-9730 ☐ ALBANY BRANCH

1652 Route 9 East Clifton Park, NY 12065 Telephone (518) 348-0692 Fax (518) 348-0694



