

PLÈASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		TMENT OF STATE of State orporations		FILED 09 DEC - 1 PM II: 27 ESTABLISHED FLORIDA		
DOCUMENT # G19679 1. Corporation Name			ΤĂ 	LLAHASSEE, FLORIDA		
United Solutions Compan	у					
2. Principal Office Address - No P.O. Box # 1605 E. Plaza Drive Suite, Apt. #, etc. Suite 102 City & State Tallahassee, FL Zip Country	3. Mailing Office Addres P. O. Box 549 Suite, Apt. #, etc. City & State Tallahassee, I	6 - - Country	A. Date Incorp. To Do Busin 5. FEJ Number 592285914 6.	Not Applicable		
32308 USA	32314	USA	CERTIFICATE	OF STATUS DESIRED of Status		
7. Name and Address of Current Registered Agent Name F. Palmer Williams Street Address (P.O. Box Number is Not Acceptable) 2010 Delta Boulevard Suite, Apt. #, Etc. City Tallahassee State Zip Code FL 32303			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 Park Signature Agent Park Signa						
9. Names and Street Addresses of Each Officer ar	d/or Director (Florida nonpro	ofit corporations must list at lea	ast 3 directors)			
Titles Name of Officers and/or Directors	,	Street Address of Each Officer and/or Director		City / State / Zip		
SEE ATTACHMENT FOR						
THIS INFORMATION						
10. E-mail Address: pwilliams@wggdlaw.com						
(To be used for future annual report notification) 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 filling 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, further certify, 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 Q						

Ray E. Cromer, Jr., CED

B. Mitchell DEC 1, 2009

DOCUMENT #G19679 UNITED SOLUTIONS COMPANY

<u>ATTACHMENT - CORPORATION REINSTATEMENT FORM</u>

9. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address	City/State/Zip
✓P ✓CEO/D	James Giacobbe Ray E. Cromer, Jr.	1605 E. Plaza Dr., Ste 102 440 N. Monroe St.	Tallahassee, FL 32308 Tallahassee, FL 32301
S/D	Leon V. Legutko	14535 Cherry Lake Dr. E.	Jacksonville, FL 32258
∕T/D	William Enfinger	303 E. Washington St.	Chattahoochee, FL 32324
√CFO	Dan McGowan	1605 E. Plaza Dr., Ste 102	Tallahassee, FL 32308
ιĐ	M. Thomas Mayfield	1264 Buloxi Ct.	Grayson, GA 30017
√D	William Piotrowski	93 Sandy Creek Rd.	Havana, FL 32333
D	Cecilia D. Homison	2330 Mahan Dr.	Tallahassee, FL 32308
D	Dee Causseaux	1827 Capital Circle NE	Tallahassee, FL 32308
D	Louis O. Davis	1400 E. Park Avenue	Tallahassee, FL 32301
D	Marion McCaskey	345 S. Magnolia Drive	Tallahassee, FL 32301
D	Felicia Banks West	8934 Oxley Forest Rd.	Laurel, MD 20723
D	D. Alan Holland	7034 Dardwood Lane	Tallahassee, FL 32312
D	David Helton	2209 Gates Dr.	Tallahassee, FL 32312