PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 AM 10: 44

DOCUMENT # G34141

1. Corporation Name   Ulvert & Company, Inc.

REINSTATEMENT 96-01

2. Principal Office Address	**3. Mailing Office Address**	
401 Coral Way	Same	
Suite, Apt. #, etc.	**Suite, Apt. #, etc.**	
Suite 205		
City & State	**City & State**	
Coral Gables, FL		

4. Date Incorporated or Qualified To Do Business in Florida   03/28/1983

5. FEI Number	Applied For
59-2279850	Not Applicable

Zip	Country	Zip	Country
33134	USA		

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

7. Name and Address of Current Registered Agent

Name
Robert A. Brandt

Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Avenue

Suite, Apt. #, Etc.
Ph-1

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06/20/01--0106 --022
***1500.00 ***1500.00

City	State	Zip Code
Miami	FL	33131

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 _____

Date 6/6/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Charles J. Ulvert	401 Coral Way, Suite 205	Coral Gables, FL 33134
D/P/S	Claude B. Ulvert	401 Coral Way, Suite 205	Coral Gables, FL 33134

10. 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: _____ CLAUDE B. ULVERT 6/6/01   305-448-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #