

L00000008529

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:14

DOCUMENT #

L-8529

1. Limited Liability Company's Name

UIP ADVISORS, INC.

700004716727--8

-12/10/01--01083--015

****155.00 ****155.00

2. Principal Office Address

555 NE 15th STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#213

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33132

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lynn Washington, Esq.

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

Holland & Knight LLP, 701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 3000

City

Miami, FL

State

FL

Zip Code

33130

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Sym C. W. K.

Date 10/30/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OTIS PITTS, JR.	"MGR"	555 N.E. 15th Street, Ste. 213	"MGR" Miami, FL 33132
ALBEN DUFFIE	"MGRM"	790 N.W. 153rd Street	Miami, FL 33160
REINSTATEMENT		2001	Rein 100 UBR 50 LOS 5 155. KC

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Otis Pitts, Jr.

Date 10/29/01

Daytime Phone # (305) 375-0390

Typed or printed name of signing Managing Member/Manager