PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 14 PM 12:17
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66456

1. Corporation Name
UNITED CAPTURDYNE TECHNOLOGIES, INC.

Principal Place of Business
1001 NW 62ND ST. SUITE 407
FT. LAUDERDALE, FL 33309

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

REINSTATEMENT 15.07 [redacted]

4. Date Incorporated or Qualified To Do Business in Florida 3/28/90

5. FEI Number 65-0184646 | Applied For | Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO/DIR	M. Jeffrey Korbin	721 Lyons Road #15102	Coconut Creek FL 33063
DIR	Hugh Bendit	3964 W. Hillsboro	Deerfield Beach FL 33442
Sec/DIR	Arturo Urgelles	375 So Royal Poinciana Blvd Penthouse #4	Miami, FL 33166
	[redacted]	[redacted]	[redacted]

CHECK PROCESSED
04/23/99 01010 024
****350.00 ****350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: MARK ANGERT
Street Address (P.O. Box Numbers Not Acceptable): 2501 E. COMMERCIAL BLVD
Suite, Apt. #, Etc: SUITE 209
City: FT LAUDERDALE | State: FL | Zip Code: 33308

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] Date: 3/4/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 1999 Yes ☑ No ☐
(See other side for information on intangible tax.)

12. 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M JEFFREY KORBIN

3/3/99 (954)4914998
Date Daytime Phone #

CP2E08 (12/98)