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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66456

1. Corporation Name
United CapTurdyne Technologies, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 NW 62nd ST. | Suite 407 |
| Ft. Lauderdale, FL | 33309 |

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

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

**REINSTATEMENT** [redacted]

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

5. F.E.I. 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] |

***13501.00 ***13501.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: MARK ANGERT
Street Address (P.O. Box Number is 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 Date

(954)4914998 Daytime Phone #

CR2E028 (12-98)