PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L75469

1. Corporation Name

UNITED INVEST CORP

Principal Place of Business / Mailing Address

878 N.E. 79 St
BOCA RATON FL. 33487

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

REINSTATEMENT 96-98
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 5/24/90
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0205724 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip / Country	Zip / Country	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	DAVID WORKMAN	878 N.E. 79 St BOCA RATON FL. 33487	BOCA RATON FL. 33487
D/VP	PAUL GRAVENHORST	283 SABAL Palm Terr	Boca Raton, Fla 33432

000024894172

4/15/98

8. Name and Address of Current Registered Agent

PAUL GRAVENHORST
283 Sabal Palm Terrace
Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State FL / Zip Code

CR2E048 (1/96)

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: Paul Gravenhorst — REGISTERED AGENT MUST SIGN — Date: 4/11/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: DAVID WORKMAN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: APR 1 / 98
Daytime Phone #: (561) 997-6493

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 782156 4326865

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1058.75

ORDER DATE : April 15, 1998

ORDER TIME : 10:38 AM

ORDER NO. : 782156-015

CUSTOMER NO: 4326865

CUSTOMER: Paul S. Gravenhorst, Esq
Goldberg, Young & Gravenhorst
1630 North Federal Highway

Ft. Lauderdale, FL 33305

DOMESTIC FILINGS

NAME: UNITED INVEST CORP.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS _____

RECEIVED
98 APR 15 PM 12:14