

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED *Wg/s*

00 AUG -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001108**

UNITED CAPITAL FUND, L.C.
~~18501 Murdock Cir Suite 302~~
~~Port Charlotte, Florida 33948~~

1a. Principal Place of Business Address
1300-C Enterprise Dr.
Port Charlotte, FL 33948

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1. Principal Place of Business **1300-C Enterprise DR**
2a. Mailing Address **PO BOX 380921**

3. Date Organized or Qualified **10/06/1997**
3a. State of Formation **Florida**

Suite, Apt. #, etc. **C**

4. FEI Number **65-0785420**
 Applied For
 Not Applicable

City & State **Port Charlotte, FL**
City & State **Murdock, FL**

5. Date of Last Report **10/14/1998**
6. Certificate or Status Desired
 \$0.75 Additional Fee Required

Zip **33948** Country **Charlotte** Zip **33938** Country **Charlotte**

7. Name and Address of Current Registered Agent
Daniel B. Platt
18501 Murdock Cir.
Suite 302
Port Charlotte, FL 33948

8. Name and Address of New Registered Agent
Name **Daniel B. Platt**
Street Address (P.O. Box Number is Not Acceptable) **1300-C Enterprise DR**
Suite, Apt. #, etc. **C**
City **Port Charlotte** Zip Code **FL 33948**

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 *[Signature]* Date **8/1/00**

| 10. Title | Managing Member/Managers | Business Street Address | City State & Zip Code |
|-----------|--------------------------|-------------------------|--|
| MGR | Platt, Daniel B. | 1300-C Enterprise Dr | Port Charlotte, FL 33948 |
| | | | 900003357769--4 -08/15/00--01047--002 ***200.00 ***200.00 |

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 606.405, 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 *[Signature]* Date **8/1/00** Daytime Phone # **941-255-1616**

Typed or printed name of signing Managing Member/Manager **DANIEL B. PLATT**