

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2006 NOV -1 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NC4000007304*

1. Corporation Name

UNITED GUARDIANS INC.

2. Principal Office Address

5253 TREETOPS DR.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip

34113

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

JULY 26, 2004

5. FEI Number

34-2003388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ROBERT G. BLASCOE

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

5253 TREETOPS DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34113

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date *10-29-06*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	<i>ROBERT G. BLASCOE</i>	<i>5253 TREETOPS DR</i>	<i>NAPLES FL 34113</i>
SEC. TREAS.	<i>RACHAEL ETHIER</i>	<i>5253 TREETOPS DR</i>	<i>NAPLES FL 34113</i>
V.P.	<i>JOYCE BALLARD</i>	<i>5325 TREETOPS DR</i>	<i>NAPLES FL 34113</i>

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*11/01/06--01013--011 **122.50*

10. 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 contained in Chapter 119, 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

Date

10/29/06

Daytime Phone #

239-384-4140

paperwork

United Guardians, Inc

10/29/06

~~200 Goodlette Road, South Suite #8~~ 5253 Tree Tops DR.
Naples, Florida ~~34102~~ 34113
~~1(239) 261-0030~~ 1(239) 645-8345 239-384-4141

To: Michelle Milligan LETTER # 606A00061638

Dear Ms Milligan,

Our charity, being run by all volunteers, did not know the procedures regarding filing yearly paperwork. Since we did not receive the annual report notices we failed to respond in time. We hope this will be considered in any decision to be made on a waiver of any reinstatement fee's. Any questions please give me a call. Thanks for your help.

Bob Blascoe
Executive Director / Pres.