

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUL 26 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

Union Lending, Inc.

900 000021340

900006855209--1

-08/01/02--01047--028

****300.00 ****300.00

2. Principal Office Address

10691 N. Kendall Dr

3. Mailing Office Address

10691 N. Kendall Dr

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

308

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

U.S.A

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/00

5. FEI Number

65-0988026

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

Gabriel Vasquez

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

10691 N. Kendall Dr

Suite, Apt. #, Etc.

308

City

Miami

State

FL

Zip Code

33176

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

Date

7/21/02

REGISTERED AGENT MUST SIGN

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
President	Gabriel Vasquez	10691 N. Kendall Dr #308	Miami, FL 33176

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/02

Daytime Phone #

305-279-4470

CR2E081 (9/01)

7/28/02