

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR -5 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023439

1. Corporation Name  
Union Mortgage and Investments, Inc.

2. Principal Office Address  
301 Almeria Ave

Suite, Apt. #, etc.  
210

City & State  
Coral Gables, FL

Zip Country  
33134 U.S.A.

3. Mailing Office Address  
1125 Coral way

Suite, Apt. #, etc.

City & State  
Coral Gables, FL

Zip Country  
33134 U.S.A.

REINSTATEMENT 02-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
650990110

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  
Damaris Ramos Gomez

Street Address (P.O. Box Number is Not Acceptable)  
1125 Coral way

Suite, Apt. #, Etc.

City  
Coral Gables,

State  
FL

Zip Code  
33134

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

REGISTERED AGENT MUST SIGN

Date 4/5/05

**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.	Damaris Ramos Gomez	1125 Coral way C Gables	Coral Gables FL 33134
			400051202134 04/19/05--01037--021 **1200.00
			B4/11

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

Daytime Phone #

CR2E081 (01/05)