PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 15 AM 8:00

DOCUMENT # P00000077195

1. Corporation Name

THE UNITED GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
6572 EATON STREET HOLLYWOOD FL 33024	6572 EATON STREET HOLLYWOOD FL 33024

REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/11/2000

5. FEI Number: ☑ Applied For ☐ Not Applicable

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

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	4 City / State / Zip
PD	BISTOLFI, JUAN	6572 EATON STREET	HOLLYWOOD FL 33024
V	IZQUIERDO, PEDRO	5321 SW 90 COURT	MIAMI FL 33165
			300004713633--5 -12/07/01--01004--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BISTOLFI, JUAN 6572 EATON STREET HOLLYWOOD FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

AD

Signature of Registered Agent: JBistolfi Date: 11-12-01
REGISTERED AGENT MUST SIGN

11. 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: JBistolfi JUAN BISTOLFI 11-12-01 (305) 491-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #