

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 30 AM 10:57

DOCUMENT # P00000084283

1. Corporation Name

UNITED INVESTMENTS OF MIAMI, INC.

400161168874
09/30/09--01004--006 **300.00

KS

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

900 WEST 49TH ST

3. Mailing Office Address

900 WEST 49TH ST

Suite, Apt. #, etc.

SUITE 408

Suite, Apt. #, etc.

SUITE 408

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2000

5. FEI Number
65-1055873

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

MIRIAM LLORCA

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

900 WEST 49TH ST

Suite, Apt. #, Etc.

SUITE 408

City

HIALEAH

State

FL

Zip Code

33012

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Miriam Llorca

REGISTERED AGENT MUST SIGN

Date 09-28-09

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
PD	MIRIAM LLORCA	900 WEST 49TH ST - SUITE 408	HIALEAH FL 33012

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:

Miriam Llorca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-28-09

Date

Daytime Phone #