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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000099496

1. Corporation Name

United Investors and Associates, Inc.

2. Principal Office Address

10710 SW 67 Terr.

3. Mailing Office Address

SAME

Date, Apt. #, etc.

Date, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33173

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/01

5. FBI Number

65-1148490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRES ☐3375 conditions required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julio M. Pedroso (address change)

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

9373 Fountain Bleau Blvd

Date, Apt. #, etc.

K-105

City

Miami

State
FLZip Code
33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-28-2002

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Julio M. Pedroso	10710 SW 67 Terr	Miami, FL 33173
Vice Pres.	Yamil Castillo	15037 S.W. 127 Place	Miami, FL 33186
Treas.	Idalmis Castillo	9373 Fountain Bleau Blvd. # K105	Miami, FL 33172

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 liability for dissolution has been satisfied, 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(2)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as a trade under oath.

SIGNATURE: X

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

10-28-2002

Date

Daytime Phone #

gt 10/28/02

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