#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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## **APPLICATION** FOR ' REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State . . .

**DIVISION OF CORPORATIONS** 

DOCUMENT #	P01000113393

1. Corporation Name

### UNION CAPITAL CORPORATION

SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 14305 NW 14TH STREET 14305 NW 14TH STREET PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 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 To Do Business in Florida 11/29/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-1156893 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD LARA, ANTÓNIO **14305 NW 14TH STREET** PEMBROKE PINES FL 33028 000024330430 10/31/03--01032--018 \*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LARA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) **14305 NW 14TH STREET** Suite, Apt. #, Etc. PEMBROKE PINES FL 33028 City Zip Code State 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. or 617.0505, F.S. SIGNATURE REQUIRED Signature of Registered Agent 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 of 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

10/26/03 (954) 704 8484



## **Division of Corporations**

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## **Union Capital Corporation**

1233 S.W. 177 Terrace Pembroke Pines Fl. 33029 Telephone (954) 704-8494 \* Fax (954) 212-2752

October 26, 2003

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee Fl. 32314-6327

RE: Union Capital Corporation

1233 SW 177 Terrace Pembroke Pines Fl. 33029

FEIN 65-115689 Document Number:

P01000113393

#### Dear Sirs:

Please notice, with the enclosed documentation, that on April 29 2003 we filed the UBR report and a change of address online for the Corporation listed above. However none of these changes have taken place. Please find enclosed a check for the filling fee and make a note of our new address 1233 S.W. 177 Terrace Pembroke Pines FI. 33029

Thank you for your cooperation on this matter.

Kind/Regards,

Antonio Lara
President Owner