

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012931

1. Corporation Name

UNITED ELECTRICAL PROVIDERS INC

REINSTATEMENT 04

2. Principal Office Address

19138 SW 26 ST

Suite, Apt. #, etc.

3. Mailing Office Address

19138 SW 26 ST

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33029

Country

US

Zip

33029

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

74-3033701

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

200041937752  
10/18/04--01060--006 \*\*750.00

7. Name and Address of Current Registered Agent

Name

GONZALEZ JOSE R.

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

19138 SW 26 ST

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/15/04

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
P	GONZALEZ JOSE R.	19138 SW 26 ST	MIRAMAR FL 33029
VP	GONZALEZ ANA L.	19138 SW 26 ST	MIRAMAR FL 33029

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/04

Date

954-8221493

Daytime Phone #

CFR2081 (01/04)