

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -1 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02 000028797

1. Corporation Name

UNITED ADVISORS, INC.

2. Principal Office Address

255 ALHAMBRA CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

720

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/02

5. FEI Number

02-0567247

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

ANA MARIA HERNANDEZ

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

255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

720

City

CORAL GABLES, FL

State

FL

Zip Code

33134

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

Date 7/13/05

REGISTERED AGENT MUST SIGN

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
PSTD	ANA MARIA HERNANDEZ	255 ALHAMBRA CIRCLE, 720	CORAL GABLES, FL 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/05

Date

Daytime Phone #

CR2E081 (01/05)