

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -4 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113602

1. Corporation Name

UNITED PEOPLE INTERNATIONAL, INC

2. Principal Office Address

8542 NW 25TH PL

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

U.S.A.

3. Mailing Office Address

8542 NW 25TH PL

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

U.S.A.

REINSTATEMENT

03-05

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/02

5. FEI Number

41-217-4281

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

LEONARD EMMANUEL

300054517593

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

8542 NW 25TH PL

05/13/05--01054--007 \*\*450.00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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]*

Date 4-24-2005

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
D	LEONARD EMMANUEL	8542 NW 25TH PL	CORAL SPRINGS FL 33065
D	JOACHIM EMMANUEL	8542 NW 25TH PL	CORAL SPRINGS FL 33065

\$6511

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

3-26-2005

Date

Daytime Phone #

CR2E081 (01/05)

8542 NW 25<sup>TH</sup> PL  
Coral Springs, FL 33065

March 02, 2005

Department of State  
Attention: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

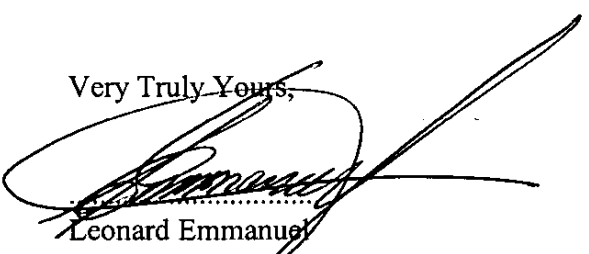
Re : United People International, Inc  
P02000113602

Dear Sirs :

Enclosed, please find the Corporate Reinstatement Application together with payment in the sum of \$ ~~600.00~~ <sup>282.87</sup> representing Annual Report Fees ( \$ 61.25 per year ) and Corporate Supplemental Fees ( \$ 88.75 per year ) for the years 2003, 2004, and 2005 for the above named entity.

We did not receive any correspondence pertaining to the dissolution of the corporation and coupled with the fact that we still in the preliminary phase of our operations, therefore, we are kindly requesting a waiver of all reinstatement fees.

Very Truly Yours,

  
Leonard Emmanuel  
Director