

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000057956

1. Corporation Name

UNITED PROFESSIONAL SOLUTIONS CORP.

2. Principal Office Address - No P.O. Box #

207 QUEENSFERRY RD.

Suite, Apt. #, etc.

City & State

CARY N.C.

Zip

27511

Country

USA

3. Mailing Office Address

207 QUEENSFERRY RD.

Suite, Apt. #, etc.

City & State

CARY N.C.

Zip

27511

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/19/2003

5. FEI Number

571168042

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

MICHAEL MARANO

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

3245 N.E. 184 ST

Suite, Apt. #, Etc.

13207

City

AVENTURA

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael Marano

REGISTERED AGENT MUST SIGN

Date 3/10/10

**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
<u>PRES</u>	<u>MICHAEL MARANO</u>	<u>3245 NE 184 ST APT 13207</u>	<u>AVENTURA, FL. 33160</u>

JC 3/15

10. E-mail Address: MMARANO@ROCKETMAIL.COM

(To be used for future annual report notification)

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 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, I further certify, 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: Michael Marano MICHAEL MARANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/10 3953895600

Date

Daytime Phone #

FILED  
10 MAR 12 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 08-10

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