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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 29 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000101411

1. Corporation Name

Union Capital Title & Escrow, Inc.

REINSTATEMENT 08-09

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # c/o D. Bowman One E. Broward Blvd. Suite, Apt. #, etc. 700 City & State Fort Lauderdale Zip 33301 Country U.S.A.		3. Mailing Office Address c/o D. Bowman One E. Broward Blvd. Suite, Apt. #, etc. 700 City & State Fort Lauderdale Zip 33301 Country U.S.A.	
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4. Date Incorporated or Qualified To Do Business in Florida 07/06/2004	
5. FEI Number 342003116	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee applied for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
C. Anthony Rumore

Street Address (P.O. Box Number is Not Acceptable)
517 SW 1st Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale
State
FL
Zip Code
33301

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 CAP Date 10/23/09

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	Sean W. Monaco	c/o D. Bowman / One E. Broward Blvd.	Fort Lauderdale, FL 33301

10/29

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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: Sean Monaco Date: 10/23/2009 Office: 954-942-2414

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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CORPORATION REINSTATEMENT

UNION CAPITAL TITLE & ESCROW, INC.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$900.00

*Please waive
Penalty fee
\$300.00*

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