

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000132524

1. Entity Name
UNITED GRADING INC



05 SEP 29 PM 4:37
DATE
FILED
TALLAHASSEE, FLORIDA

Principal Place of Business
5581 HONEYSUCKLE ROAD
WEST PALM BEACH, FL 33415

Mailing Address
5581 HONEYSUCKLE ROAD
WEST PALM BEACH, FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLAMY, RANDAL
5581 HONEYSUCKLE ROAD
WEST PALM BEACH, FL 33415

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Randal Bellamy
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/27/05
DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES
BELLAMY, RANDAL
5581 HONEYSUCKLE ROAD
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MEDINA, FRANCISCO J
4951 MCCONNELL STREET
LAKE WORTH, FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800060222578 ☐ Change ☐ Addition
10/04/05--01070--002 ***758.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Randal Bellamy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/05