

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000028277					
1. Entity Name UNITED PUBLICATIONS, INC.					
Principal Place of Business 73 SW FLAGLER AVE STUART, FL 34994			Mailing Address 73 SW FLAGLER AVE STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4626447	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, LARRY M 73 SW FLAGLER AVE STUART, FL 34994			7. Name and Address of New Registered Agent 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: 10/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANT, RAY 73 SW FLAGLER AVE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137483952 10/30/08--01033--020 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, LARRY M 73 SW FLAGLER AVE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENAULT, PAUL 73 SW FLAGLER AVE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARR, VICTOR 73 SW FLAGLER AVE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 10/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
08 OCT 30 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282008 REIN-P CR2E098 (1/07)

4. FEI Number
20-4626447

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BRANT, RAY
73 SW FLAGLER AVE
STUART, FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
STEWART, LARRY M
73 SW FLAGLER AVE
STUART, FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
DENAULT, PAUL
73 SW FLAGLER AVE
STUART, FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
FARR, VICTOR
73 SW FLAGLER AVE
STUART, FL 34994

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200137483952
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☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/08