

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 24 AM 11:44

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000062868

1. Corporation Name

UNITED DIRECTIONAL INC

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

290 COCONUT

3. Mailing Office Address

290 COCONUT

Suite, Apt. #, etc.

Bldg II c/o Whitehall

Suite, Apt. #, etc.

Bldg II c/o Whitehall

City & State

SARASOTA

City & State

SARASOTA

Zip

34231

Country

USA

Zip

34231

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 3, 2006

5. FEI Number

20-4814996

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

RONALD MUSTANI

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

290 COCONUT

Suite, Apt. #, Etc.

Bldg II

City

SARASOTA

State

FL

Zip Code

34231

☐ 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

*Ronald Mustani*

Date 2/19/09

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
Pres	Ronald Mustani	290 COCONUT AVE	SARASOTA FL 34231
Dir	Tommy DiBella	290 COCONUT AVE	SARASOTA FL 34231
Dir	Tommy Mustani	290 COCONUT AVE	SARASOTA FL 34231
Dir			
Dir			
Dir			

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD MUSTANI

Date

2/19/09 941 915-9707

Daytime Phone #