

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 16 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000146615

1. Corporation Name

UNITED INVESTEMENTS & TAX SERVICES, INC

400140990774
01/16/09--01037--015 ***450.00

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

2607 HANSON ST.

3. Mailing Office Address

2607 HANSON ST

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33901

Country

US

Zip

33901

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/27/2006

5. FEI Number

20-8255353

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

JENNIFER REPRESS

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

3033 THOMAS ST.

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33916

☒ 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 617.0501, F.S.

Signature of
Registered Agent

Jennifer Repress
REGISTERED AGENT MUST SIGN

Date

1/13/09

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
P	JENNIFER REPRESS	3033 THOMAS ST.	FORT MYERS, FL 33916
T	ALICIA SIMON	3416 DANDOLO CIR.	CAPE CORAL, FL 33993

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:

Jennifer Repress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/09

Daytime Phone #

1/22