

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 28 PM 3:12

RECEIVED
TALLAHASSEE, FLORIDA

700182421917
06/28/10--01041--011 **600.00

REINSTATEMENT 08-10

700182421917
06/21/10--01050--015 **450.00

DOCUMENT # P07000036410

1. Corporation Name

UNION PARK CORPORATE INC

W10-29741

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

5410 HOMBERG DRIVE

3. Mailing Office Address

5410 HOMBERG DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KNOXVILLE, TN

City & State

KNOXVILLE, TN

Zip

37919

Country

USA

Zip

37919

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 21, 2007

5. FEI Number

☒ 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

STEVEN LEVIN

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

925 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

#425

City

BOCA RATON

State

FL

Zip Code

33432

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

REGISTERED AGENT MUST SIGN

Date

6/14/10

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	MILDRED KAYDEN	550 MAMARONECK AVE SUITE 404	HARRISON, NY 10528
VP	JEROLD KAYDEN	550 MAMARONECK AVE SUITE 404	HARRISON, NY 10528
VP	STEVEN LEVIN	925 S FEDERAL HIGHWAY SUITE 425	BOCA RATON, FL 33432
S	SANDA KAYDEN	550 MAMARONECK AVE SUITE 404	HARRISON, NY 10528

10. E-mail Address: jill@smdproperty.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #

6/14/10

6/30