

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39722

1. Corporation Name

UAS AUTOMATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

4524 PARKWAY COMMERCE BOULEVARD
ORLANDO FL 32808

4524 PARKWAY COMMERCE BOULEVARD
ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1992

5. FEI Number

06-1082903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	WEEDEN, DONALD E.	85 MIDDLE RIVER ROAD	DANBURY CT
PD	MCGURK, LARRY J.	357 WEKIVA COVE ROAD	LONGWOOD FL
SD	HEAARTY, JOHN F.	21 HUNTING RIDGE ROAD	BOOKFIELD CT
D	GATI, IVAN	114 BRUSH HOLLOW	RYE BROOK NY

100002700791--2
12/02/98 01007 010
***158.75 ***158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGURK, LARRY J.
4524 PARKWAY COMMERCE BOULEVARD
ORLANDO FL 32808

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-20-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See booklet side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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] LARRY J. MCGURK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98 407-294-8551

Date

Daytime Phone #

CR2E040 (8/98)

20F2

uas **AUTOMATION SYSTEMS, Inc.**

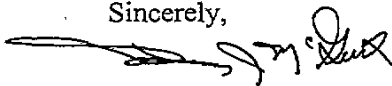
November 12, 1998

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is our Application for Reinstatement with a check for \$150.00. After researching our records, we discovered that we had not received the Corporate Annual Report Form from your office. We appreciate your forbearance of any late fee due to this oversight as explained by your office today. We will be sure to notify your office if we do not receive the 1999 Form on time. Thank you for your assistance in this matter.

Sincerely,



Larry J. McGurk
President

Also, enclosed is \$8.75 for Certificate of Status

"The Asbestos Flooring Removal Specialists"