

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 1:53

DOCUMENT # P93000029107

1. Corporation Name

UNITED PURCHASING AFFILIATES,
INC.

2. Principal Office Address

1101 CORNWALL RD.

Suite, Apt. #, etc.

3. Mailing Office Address

1101 CORNWALL RD

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD, FL

Zip

32773

Country

USA

Zip

32773

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1993

5. FEI Number

593166544

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

CORP WILLIAM SR.

100004741551--7

-12/27/01--01049--016

***\$608.75 ***\$608.75

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

1101 CORNWALL ROAD

100004741551--7

-12/27/01--01049--017

***\$300.00 ***\$300.00

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

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

William J. Corp.

Date 12-12-01

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
P	CORP WILLIAM SR.	1101 CORNWALL RD.	SANFORD FL 32773
V	CORP WILLIAM JR.	1101 CORNWALL RD.	SANFORD FL 32773
V	CORP DOUGLAS M.	1101 CORNWALL RD.	SANFORD FL 32773
ST	CORP SHIRLEY F.	1101 CORNWALL RD.	SANFORD FL 32773

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/01

Daytime Phone #

(407) 323 6250