

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

97 DEC 26 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000022233**

1. Corporation Name

**UNITED CONTRACTORS CORPORATION**

Principal Place of Business

18001 PEMBROKE RD  
PEMBROKE PINES FL 33029  
US

Mailing Address

P O BOX 822300  
SOUTH FLORIDA FL 33082  
US



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

2. New Principal Office Address, If Applicable

2101 SW 196 AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 822300  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/1993

5. FEI Number

65-0399021

Applied For

Not Applicable

City & State

MIRAMAR FL.

City & State

South Florida, FL.

Zip

33027

Country

BROWARD

Zip

33082

Country

BROWARD

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
D	CAVO, JAMES C	9828 SW 246 TERRACE	MIAMI GARDENS, FL 33156
	JAMES C. CAVO	4292 DIAMOND TERR.	Weston, FL 33331

5088802385825-3  
-12/29/97-01131-012  
\*\*\*\*750.00 \*\*\*\*750.00

12/26

8. Name and Address of Current Registered Agent

CAVO, JAMES C  
19001 PEMBROKE RD  
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name JAMES C. CAVO  
Street Address (P.O. Box Number is Not Acceptable)  
4292 DIAMOND TERRACE  
Suite, Apt. #, Etc.  
City Weston State FL Zip Code 33331

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

*James C. Cavo*

REGISTERED AGENT MUST SIGN

Date 12/22/97

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

Yes ☐ No ☒

(See other 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)(l), 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:

*James C. Cavo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/97

Date

954-4313161

Daytime Phone #

CR2E040 (8/97)