

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

1997 OCT 23 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000044834

1. Corporation Name

UNICORP DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

7000 W. Palmetto Park Rd., Suite 203
Boca Raton, FL 33433

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
7680 Republic Dr.

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-93

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.

5. FEI Number
59-3285954

Applied For
Not Applicable

City & State
Orlando, FL

City & State

Zip
32189

Country
USA

Zip

Country

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
P/D	Lee J. Maher	7680 Republic Dr., Ste 110	Orlando, FL 32189
			600002329406--3
			-10/24/97--01101--008
			***1253.75 ***1253.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jeffery H. Rosenthal
7000 W. Palmetto Park Rd., Ste 203
Boca Raton, FL 33433

Name
Jeffrey H. Rosenthal
Street Address (P.O. Box Number is Not Acceptable)
2424 N. Federal Highway, Ste 460
Suite, Apt. #, Etc.
460
City
Boca Raton
State
FL
Zip Code
33431

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

REGISTERED AGENT MUST SIGN

Date

10/21/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

LEE J MAHER PRES

10-21-97

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