

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033555

1. Corporation Name

UNITED CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

UNITED CAPITAL MANAGEMENT, INC.  
18501 MURDOCK CIRCLE, SUITE 302  
PORT CHARLOTTE FL 33948P.O. BOX 380921  
MURDOCK FL 33938-0921

REINSTATEMENT

99

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

2. New Principal Office Address, If Applicable

1300 ENTERPRISE DR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1994

Suite, Apt. #, etc.

5. FEI Number

65-0492567

Applied For

Not Applicable

City &amp; State

City &amp; State

PORT CHARLOTTE FL

Zip  
33948Country  
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED L

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	4 City / State / Zip
P	PLATT, DANIEL B	18501 MURDOCK CIR STE 302	PT. CHARLOTTE FL 33948

300003095483--5  
-01/12/00-01013-007  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

PLATT, DANIEL B.  
19412 TOLEDO BLADE BLVD.  
PORT CHARLOTTE FL 33948

9. Name and Address of New Registered Agent

Name

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

1300 ENTERPRISE DR

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33948

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 12/29/99

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 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/99 941-255-9311  
Daytime Phone #