

APPLICATION FOR REINSTATEMENT



FLORIDA 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 33948 P.O. BOX 380921 MURDOCK FL 33938-0921



REINSTATEMENT

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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

Suite, Apt. #, etc. C

City & State Port Charlotte FL

Zip 33948 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/02/1994

5. FEI Number 65-0492567 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: 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. C 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 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.

SIGNATURE: REGISTERED AGENT MUST SIGN (12/29/99 941-255-9311 Date Daytime Phone #)

KE