

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067211

1. Corporation Name

United American Development Corporation

2. Principal Office Address

1689 Hiatus rd.

Suite, Apt. #, etc.

#148

City & State

Pembroke Pines, FL.

Zip

33026

Country

USA

3. Mailing Office Address

1689 Hiatus rd.

Suite, Apt. #, etc.

#148

City & State

Pembroke Pines, FL.

Zip

33026

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/7/94

SP

5. FEI Number

650529189

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

Ronald S. Asnes c/o Law Office of Ronald Asnes

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

400 SW Boca Raton Blvd.

Suite, Apt. #, Etc.

Suite 202

City

Boca Raton

State

FL

Zip Code

33432

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12/20/00--01080--017

***1200.00 ***1200.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/14/00

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	Norman Dubin	9108 Villa Portifino Boca	Boca Raton, FL 33496
T	Sandy Thaler	711 NE Harbor Terrace	Boca Raton, FL 33431
V	Stanley Dubin	8323 NW 51 st Manor	Coral Springs, FL 33067
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			*****8.75 *****8.75

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

[Signature] Norman Dubin

Date

12/14/00

Daytime Phone #

CR2001 (9/99)