

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 9:29

DOCUMENT # P94000069146

1. Corporation Name

UNITED CRAFTSMEN, INC.

000004649320--1

-10/23/01--01022--002

****158.75 ****158.75



Principal Place of Business

Mailing Address

6127B CYRIL AVE.
ORLANDO FL 32809

6127B CYRIL AVE.
ORLANDO FL 32809

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1994

5. FEI Number

59-3271128

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	PHILLIPS, DAVID K JR.	6127B CYRIL AVE.	ORLANDO FL 32809

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOOGINS, DANIEL J
2501 S. BUMBY AVE.
ORLANDO FL 32806

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

Date

REGISTERED AGENT MUST SIGN

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01

Date

407-438-2409

Daytime Phone #

CR2E040 (8/01)

UNITED CRAFTSMEN, INC.

6127B CYRIL AVENUE ORLANDO, FL 32809
407-438-2409

October 11, 2001


Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am the new Office Administrative Assistant for United Craftsmen, Inc. I just received the enclosed forms to be signed and returned to you. I did not receive the first mailing or any other mailings until now. Please accept the enclosed payment of \$150.00 plus \$8.75 for a Certificate of Status for the renewal and please waive the penalties. This will not happen in the future, as I am now taking care of all correspondence.

Thank you for your help and consideration of this matter.

Sincerely,



Kelly M. Thomas
Administrative Assistant