

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

00 JAN -3 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002659

1. Corporation Name

UNITED CAPITAL PROPERTIES, INC.

Principal Place of Business

UNITED CAPITAL MANAGEMENT, INC.
18501 MURDOCK CIRCLE SUITE 302
PORT CHARLOTTE FL 33948

Mailing Address

P.O. BOX 380921
MURDOCK FL 33938-0921

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

01/04/1996

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

Zip

33948

Country

Zip

Country

5. FEI Number

65-0644542

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HILL, DAVID	18501 MURDOCK CIR STE 302	PORT CHARLOTTE FL 33948
S	PLATT, KRISTA K	18501 MURDOCK CIR STE 302	PORT CHARLOTTE FL 33948
			600003095386-- -01/12/00--01005--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLATT, DANIEL B.

10112 TOLEDO BLADE

PORT CHARLOTTE FL 33948

Name

DANIEL B. PLATT

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

KRISTA K. PLATT

Date 12/29/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

KRISTA K. PLATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR12/29/99
Date941-255-1616
Daytime Phone #