

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002659

1. Corporation Name

UNITED CAPITAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

%UNITED CAPITAL MANAGEMENT, INC.
1300 ENTERPRISE DR., #C
PORT CHARLOTTE FL 33948

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1996

~~Suite, Apt. #, etc.~~

~~Suite, Apt. #, etc.~~

5. FEI Number

65-0644542

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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
P/SH	PLATT, DANIEL	1300-C ENTERPRISE DR	PORT C HARLOTTE FL 33948
			800003447338-1
			-11/01/00--01084--001
			****750.00 ****750.00
			10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLATT, DANIEL B
1300 ENTERPRISE DR., #C
PORT CHARLOTTE FL 33948

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

Date 10/17/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

941-255-1616

CR2E040 (8/00)