

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC 26 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000014621**

1. Corporation Name
U.C.C. HOLDINGS, INC.

Principal Place of Business
**1130 NW 77TH AVE.
PLANTATION FL 33322**

Mailing Address
**1130 NW 77TH AVE.
PLANTATION FL 33322**



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

2. New Principal Office Address, If Applicable

2101 SW 196 AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 822300

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

02/13/1996

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State
MIRAMAR, FL.

City & State
SOUTH FLORIDA, FL.

Zip
33027

Country

BROWARD

Zip

33082

Country

BROWARD

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
R	JAMES C. CAVO	4292 DIAMOND TERR.	Weston, FL 33331

3000002385019-2
-12/29/97-01131-011
****750.00 ****750.00

12/22/97

8. Name and Address of Current Registered Agent

**CAVO, MARIE
1130 NW 77TH AVE.
PLANTATION FL 33322**

9. Name and Address of New Registered Agent

Name **JAMES C. CAVO**
Street Address (P.O. Box Number is Not Acceptable)
4292 DIAMOND TERRACE
Suite, Apt. #, Etc.
City **Weston** State **FL** Zip Code **33331**

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

James C. Cavo

REGISTERED AGENT MUST SIGN

Date **12/22/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

James C. Cavo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/97

Date

954-431-3161

Daytime Phone #

CR2E040 (8/97)