

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P 970000 64253**

1. Corporation Name

UNITED CONTRACTORS & ENGINEERING CORP

Principal Place of Business

Mailing Address

2455 E. SUNRISE BLVD

#502

FORT LAUD., FL 33304

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 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

DO NOT WRITE IN THIS SPACE

1/23/97

5. FEI Number

65-0766694

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

See 7th Edition of Instructions
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
P	KIMBERLY SMITH CAVO	4292 DIAMOND TERR.	WESTON, FL 33331
VP	GERALD S. SCHNITZER	1133 NW 30 ST	WILTON MANORS, FL 33311
SECY			

600003070026-8
-12/14/89-01097-011
*******758.75 *****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIMBERLY SMITH CAVO
4292 DIAMOND TERRACE
WESTON, FL 33331

Name
GERALD S. SCHNITZER
Street Address (P.O. Box Number is Not Acceptable)
1133 NW 30 ST
Suite, Apt. #, Etc.
City
WILTON MANORS State
FL Zip Code
33311

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

Gerald Schnitzer

REGISTERED AGENT MUST SIGN

Date

1/17/99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Gerald Schnitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/99 954-564-7701

Daytime Phone #

CR20040 (12/95)

FILED
99 DEC -8 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **CR**

SP