

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800000 2807**

1. Corporation Name

UNITED PLANS, INC.

2. Principal Office Address

2450 SW 37 ST.

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34474

Country

U.S.A.

3. Mailing Office Address

2450 SW 37 ST.

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34474

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 7, 1998

5. FEI Number

59-349-6452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **DALE S. CARROLL**

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

2450 SW 37 ST.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Dale S. Carroll

Date

6/01/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.T.	DALE S. CARROLL	2450 SW 37 ST.	OCALA, FL 34474
S.D.	DALE S. CARROLL	2450 SW 37 ST.	OCALA, FL 34474

10. 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:

Dale S. Carroll

DALE S. CARROLL

6/01/2004

Date

Daytime Phone #

(352) 861-

9524

CR2E081 (10/02)

United Plans, Inc.

June 1, 2004

ATTN: Department of State, Florida Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Corporate Status for United Plans, Inc.

Dear Ladies & Gentlemen:

I never received the Florida Annual Report Form for Corporations that was to be filed in April(?) of 2004. I called your office, and got a recording which basically said: "If you did not receive your Corporate Reporting Form, send us a letter telling us that you did not receive it; complete the Corporation Reinstatement Form; and enclose your check for payment of your regular Corporate fees; and send it all to us."

Enclosed is my check for \$158.75, letter, and signed/completed application for reinstatement. I assume you will accept my enclosures and provide me with my usual Certificate of Status. Please contact me if you need anything else.

Thank you,

Dale S. Carroll
Dale S. Carroll

2450 SW 37th Street
Ocala, Florida 34474
352-861-9524 or 800-611-7037
Fax: 352-861-9534
Email: uniplan@unitedplans.com