

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000007306

1. Corporation Name
United Realty Management, Inc.
7891 West Sample Road,
Coral Springs, FL 33065

Principal Place of Business Mailing Address
7891 West Sample Road 7891 West Sample Road
Coral Springs, FL 33065 Coral Springs, FL 33065

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/23/1998	
City & State		City & State		5. FEI Number 65-0813511	
Zip		Country		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 ADDITIONAL FEE (paid by a certified check)	

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
D	Joseph Mondelli, Sr.	7891 W Sample Rd,	Coral Springs, FL 33065
D	Joseph Mondelli, Jr.	7891 W Sample Rd,	Coral Springs, FL 33065
REINSTATEMENT 99 11 TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
David Bauman 7820 Peters Road, Ste E-103 Plantation, FL 33324		Name Joseph Mondelli, Sr. Street Address (P.O. Box Number is Not Acceptable) 7891 W Sample Road Suite, Apt. #, Etc. City Coral Springs State FL Zip Code 33065	
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.		Date 10/25/99	

11. This corporation owes 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)(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: Joseph Mondelli 10/25/99 954-344-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #