

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:50

DOCUMENT # **p98000065975**

**1. Corporation Name**

**United Contractors of Central Florida Inc.**  
**PO Box 195991**  
**Winter Springs FL 32719**

**2. Principal Office Address**

**504 Arvern Ct.**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**PO Box 195991**

Suite, Apt. #, etc.

**City & State**

**Altamonte Spgs FL**

**City & State**

**Winter Springs FL**

**Zip**

**32701**

**Country**

**Zip**

**32719**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**Oct 1998**

**5. FEI Number**

**59-3528330**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**Richard Britton**

**400004678774-9**

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

**504 Arvern Ct.**

**-11/14/01--01054--021**

**\*\*\*300.00 \*\*\*300.00**

**Suite, Apt. #, Etc.**

**City**

**Altamonte Springs**

**State**

**FL**

**Zip Code**

**32701**

**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**

*[Signature]*

**Date** **10/21/2001**

**REGISTERED AGENT MUST SIGN**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>President</b>	<b>Richard Britton</b>	<b>504 Arvern Ct.</b>	<b>Altamonte Springs, FL 32701</b>

**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:**

*[Signature]*  
**RICHARD I BRITTON**

**Date** **10/21/2001**

**Daytime Phone #**