

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 AM 10:44

DOCUMENT # **P98000082813**

1. Corporation Name

UNITED PURCHASING SUPPLIES, INC

2. Principal Office Address

4960 SW 72 Ave

Suite, Apt. #, etc.

STE. # 302

City & State

MIAMI FL

Zip

33155

Country

USA

3. Mailing Office Address

10093 SW 77 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33156

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 28

5. FEI Number

65-0865954

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

DAVID KAYTON

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

2128 NORTH BAY RD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

100003523831

01/04/01-01097-023

******750.00 ****750.00**

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]

REGISTERED AGENT MUST SIGN

Date **OCT 15, 2000**

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	SCOTT L JAKOFF	10093 SW 77 CT MIAMI FL 33156	MIAMI FL 33156
VP	MARK KAYTON	10655 MEMORIAL DR	HOUSTON TX 77024
VP	MATTHEW KAYTON	1423 CERRITOS DR	LAGUNA BEACH CA 92651
VP	STEVE GEORGE	790 E COLORADO BLVD	PASADENA CA 91101

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00

Date

305 582 9020

Daytime Phone #

CR2ED01 (9/99)