

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:49

DOCUMENT # P98000093720

1. Corporation Name

UNITED GENERAL & ASSOCIATES, INC.

Principal Place of Business

1107 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

Mailing Address

1107 EAST SILVER SPRINGS BLVD.
OCALA FL 34470



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 1057
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1057
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1998

5. FEI Number

59-3540876

Applied For

Not Applicable

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34478

Country

Marion

Zip

34478

Country

Marion

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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	4 City / State / Zip
D	ANDREWS, LAN	1107 EAST SILVER SPRINGS BLVD.	OCALA FL 34470

200003038812--6
-11/09/99--01004--003
***750.00 ***750.00

8. Name and Address of Current Registered Agent

ANDREWS, LAN
1107 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Jan Andrews
REGISTERED AGENT MUST SIGN

Date 10-27-99

11. 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)(b), 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:

Jan Andrews - LAN ANDREWS 10-27-99 352-867-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25040 (9/99)