

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000030159

1. Corporation Name

UNION USA.COM, INC.

Principal Place of Business

Mailing Address

17252 BALBOA POINT WAY
BOCA RATON FL 33487

17252 BALBOA POINT WAY
BOCA RATON FL 33487

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

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FILED
00 NOV 20 AM 9:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida		04/01/1999	
5. FEI Number		Applied For	
65-0978586		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BROWN, MICHAEL P	17252 BALBOA POINT WAY	BOCA RATON FL 33487
D	BROWN, ROBERT E	17252 BALBOA POINT WAY	BOCA RATON FL 33487

~~200003493192-1~~
-12/11/00--01032--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIEGEL, RONALD L
1800 CORPORATE BLVD. N.W. STE. 302
BOCA RATON FL 33431

Name
E.H.G. Resident Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
5100 Town Center Circle, Suite 330
Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33486

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

Edward H. Gilbert, President

Date 11/17/00

REGISTERED AGENT MUST SIGN

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)(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:

Michael P. Brown

11/8/00 (561) 212-7346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

KE

CR2E040 (8/00)