

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

DOCUMENT # P-99-0000-74520

1. Corporation Name

THE UNION GROUP, INC.

2. Principal Office Address

3600 S. State Rd 7

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220

City & State

City & State

Miramar, FL

Zip

Country

Zip

Country

33023

U.S.A.

800009346558

12/04/02--01034--017 \*\*1200.00

**REINSTATEMENT**

02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0941287

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

THEODORA BRYANT

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

3612 Acapulco Drive

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33025

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

*Shen Bort*

REGISTERED AGENT MUST SIGN

Date 11-25-02

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	Theodora Bryant	3612 Acapulco Dr.	Hollywood, FL 33025
S	Carol Thomas	2800 Biscayne Blvd. #400	Miami, FL 33137
C	Oscar Lewis Thomas	2800 Biscayne Blvd. #400	Miami, FL 33137

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02

Date

Daytime Phone #

954-986-9234

CR2E081 (9/01)