

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000109022**

1. Corporation Name

United Solutions Group, Inc.

2. Principal Office Address - No P.O. Box #

1605 E. Plaza Drive

Suite, Apt. #, etc.

Suite 102

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

P. O. Box 5887

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32314

Country

USA

7. Name and Address of Current Registered Agent

Name

F. Palmer Williams

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

2010 Delta Boulevard

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

*F. Palmer Williams*

Date Nov. 20 -09

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| P/D    | Ray E. Cromer, Jr.                   | 440 N. Monroe Street                              | Tallahassee, FL 32301 |
| D      | M. Thomas Mayfield                   | 1264 Buloxi Ct.                                   | Grayson, GA 30017     |
| D      | Dan McGowan                          | 1605 E. Plaza Dr. Ste. 102                        | Tallahassee, FL 32308 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

10. E-mail Address: pwilliams@wggdlaw.com

(To be used for future annual report notification)

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. I further certify, 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: X

*Ray E. Cromer, Jr.*

X

11/24/09

-09 850-942-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ray E. Cromer, Jr., President

B. Mitchell

DEC

1 2009

FILED

2009 DEC -1 PM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500163227815  
12/02/09--01001--010 \*\*750.00  
CR2E081 (11/09)

09

4. Date Incorporated or Qualified  
To Do Business in Florida 12/17/1999

5. FEI Number  
593628544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**  
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.