

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 JAN 30 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45460

1. Corporation Name

UNION RED AMERICA, INC.

Principal Place of Business

Mailing Address

**1111 CRANDON BLVD.
UNIT B-307
KEY BISCAYNE, FL 33149**

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
601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 805

City & State

City & State
MIAMI, FLORIDA

Zip

Country

Zip
63131

Country

4. Date Incorporated or Qualified
To Do Business in Florida
6/19/92

5. FEI Number

☒ Applied For
☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	TOMAS MARIO CROGNALE	601 BRICKELL KEY DRIVE SUITE 805	MIAMI, FL 33131 800002421888 -02/05/98--01005--003 ***1500.00 ***1500.00

REINSTATEMENT 93-98

A. Alan
Jan. 30, 1998

8. Name and Address of Current Registered Agent

**JAY KOENIGSBERG
800 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131-2944**

9. Name and Address of New Registered Agent

Name
ALLEN & GALEGO (See fictitious filing)
Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE
Suite, Apt. #, Etc.
SUITE 805
City
MIAMI
State
FL
Zip Code
33131

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

Robert N. Allen
Robert N. Allen
ALL REGISTERED AGENT MUST SIGN *Allen & Galego*

Date *1/23/98*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

1/23/98
Date

(305) 372-3300
Daytime Phone #

CR2E040 (12/96)