

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN -1 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69559**

1. Corporation Name

UNIFIED MANAGEMENT CORPORATION, INC.

2. Principal Office Address

9719 EAGLE POINT LANE

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

3. Mailing Office Address

P.O. BOX 540035

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33454-0035

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/92

5. FEI Number

65-0373219

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

EDWARD J. LEGERE

100003296981-6

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

9719 EAGLE POINT LANE

06/20/00 01045-017
*****908.75 ***908.75**

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date **05/31/00**

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
C/P	EDWARD J. LEGERE	9719 EAGLE POINT LANE	LAKE WORTH, FL 33467
D/S	DAVID E. LEGERE	1679 ENCLAVE CIRCLE	WEST PALM BEACH, FL 33411

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:

EDWARD J. LEGERE

05/08/00

(561) 434-3816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #