

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 3: 32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005191**

1. Corporation Name

UNITED COPPER INDUSTRIES, INC.

Principal Place of Business

Mailing Address

2727 GEESLING RD
 DENTON TX 76208
 US

2727 GEESLING RD
 DENTON TX 76208
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-2601528

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
VPP CFO	FRANGE, RICHARD Luis F. Sanchez	2727 GEESLING RD	DENTON TX 76208
PCEO	ANTONIO GARCIA HERRANZ FARGUHLERSON, DONALD E	2727 GEESLING RD	DENTON TX 76208
VPMfg. V000	SPATZ, ROGER Jim Page	2727 GEESLING RD	DENTON TX 76208
Dir. CFO	QUINTERO, CARLOS P	2727 GEESLING RD	DENTON TX 76208
CFO & ST	BANHAM, CHARLES A	2727 GEESLING RD	DENTON TX 76208
VPS	KERINS, EDWARD Ron Pritchett	2727 GEESLING RD	DENTON TX 76208

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEMS
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. **400024262664**
 City **10/29/03--01077--023** **750.00
 State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Michael E. Jones
 Assistant Secretary

Date

10/24/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

940 243 7676

Daytime Phone #

CR2E040 (7/03)