PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA	A DEPARTMEN Katherine Ha Secretary of S VISION OF CORPORE	NT OF STATE rris tate		FILEU CLURETARY OF STATE STATE STATE
DOCUMENT # K 651	386		l	į	99 OCT 21 AM 9: 21
Unilect Industri	es, Inc	٤.		•	JJ OUT ET AN J. CT
Principal Place of Business Mailing Address Mailing Mailing Address Mailing Ma		SAME.		REINS'	TATEMENT 95-55
If above Addresses are incorrect in any way, line through incorrect information and enterprise in the Address of the Address o		ng Office Address, If A	MITECTION DEIDW.	4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.  City & State				5. FEI Number Applied For Not Applied ble	
Zip Country	Zip	Country	,	6.	SOF STATUS DESIRED 12 38 75 Add from the required for a Certilicate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporaling Name of Officers Street			tions must list at lea		
Title(s) and/or Directors  2		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip
PITID Harris shenker		4775 sandwary Lane		<u>ane</u>	soca Raton FL 33431
sld feorge Isaac		1401 walnut st.			boulder, co 8030>
		9		90	00030314695 -11/01/9901128022
				,	***1358.75 ***1358.75
					\$110/5
8. Name and Address of Current Registered Agent			Name	9. Name and A	Address of New Registered Agent
Harris Shenker				.O. Box Number	is Not Acceptable) 88
4775 sanctuary Lane 600a Rator FL 33431			Suite, Apt. #, Etc.		
2000 RANGE PL 33-131			City State 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.					
Signature of Registered Agent Page 10, 199  REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 filling 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #					