

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

02 APR 12 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049604

1. Corporation Name

 UNlimited ENTERPRICE U.S.A. Corp.
 1970 E. OSCEOLA PARKWAY; STE 271
 KISSIMMEE FL 34743

2. Principal Office Address

1970 E. OSCEOLA PARKWAY

3. Mailing Office Address

Suite, Apt. #, etc.

STE 271

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip

34743

Country

OSCEOLA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CESAR MARTINEZ

100005449261-5

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

2151 S. CHERRY L CT

-05/03/02-01021-007

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
P	Cesar Martinez	2151 CHERRY L CT	KISSIMMEE FL 34743

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #