PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR . REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

345455

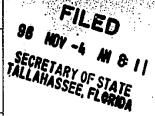
1. Corporation Name

UNIT CONTRACTING CORPORATION

Principal Place of Business

Mailing Address

9121 KILGORE RD. ORLANDO FL 32836 9121 KILGORE RD. ORLANDO FL 32836





If above addresses are Incorrect in any way, line through incorrect information and enter REINS.

2. New Principal Office Address, If Applicable

3. New Mailine Office Address, If Applicable

3. New Mailine Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

5. FEI Not Applicable

Zip	Country	²⁰ 34786	Crance	CERTIFICATE OF	F STATUS DESIRED	
7. Names	and Street Addresses of Each Officer and/	or Director (Florida nonpri	ofit corporations must list at le	ast 3 directors)		
Title(s) 1	Name of Officers and/or Directors 2 3 (Do N		Street Address of Each Officer and/or Director o NOT Use Post Office Box Numbers)		City / State / Zip	
PD	ROTHLEN, ROBERT R 9121 KILGO		LGORE		ORLANDO FL	
VD	D ROTHLEIN, GLANDA D		9121 KILGORE		DRIANDO FI.	
				301	00019990131 -11/07/9601050007 ****375.00 ****375.00	
	B. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent		
ROTH	ILEIN, GLENDA		Name			

ROTHLEIN, GLENDA 9121 KILGORE ROAD ORLANDO FL 32838

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

- ---- **,**

Sulte, Apt. #, Etc.

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.

Lignature of Registered Agent REGISTERED AGENT MUST SIGN

Date Oddber 4, 1996

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 (urther 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 affect as if made under oath.

SIGNATURE:

Gencle Both Rem W. Pres - Jende Ruthle
HONATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER ON DIRECTOR - Colobs Gold G. 19 Saymo Phone

Colobs G. 19 Saymo Phone
