

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

9121 KILGORE RD.
ORLANDO FL 32836

Mailing Address

9121 KILGORE RD.
ORLANDO FL 32836

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
98 NOV -4 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 *mwB 11-6-96*

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1989

5. FEI Number

59-1237879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ROTHLEIN, ROBERT R	9121 KILGORE	ORLANDO FL
VD	ROTHLEIN, GLANDA D	9121 KILGORE	ORLANDO FL

308881999013-1
-11/07/96--01050-007
***375.00 ***375.00

8. Name and Address of Current Registered Agent

ROTHLEIN, GLANDA
9121 KILGORE ROAD
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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.

Signature of Registered Agent

Glenda Rothlein **REGISTERED AGENT MUST SIGN**

Date *October 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 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:

Glenda Rothlein **REGISTERED AGENT** *Glenda Rothlein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *October 4, 1996* Daytime Phone #