

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 20 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 345455

1. Corporation Name

UNIT CONTRACTING CORPORATION

Principal Place of Business

9121 KILGORE RD.
ORLANDO FL 32836

Mailing Address

~~9121 KILGORE RD.~~ 442 SPRING HAMMOCK
WINDERMERE FL 34786 LONGWOOD, FL 32750



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

2. New Principal Office Address, If Applicable

442 SPRING HAMMOCK CT

3. New Mailing Office Address, If Applicable

442 SPRING HAMMOCK CT

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FLORIDA

City & State

LONGWOOD FLORIDA

5. FEI Number

59-1237879

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

CERTIFICATE OF STATUS DESIRED

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
PD	ROTHLEIN, ROBERT R	9121 KILGORE	ORLANDO FL
VD	ROTHLEIN, GLANDA D	9121 KILGORE	ORLANDO FL
PD	Charles RISTEN	116 Buck CT.	Casselberry, FL-32707
			700003084037--8
			-12/30/99--01020--012
			****758.75 ****758.75
			REINSTATEMENT 99
			11TS

8. Name and Address of Current Registered Agent

ROTHLEIN, GLENDA
9121 KILGORE ROAD
WINDERMERE FL 34786

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/15/99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-99 407 862-2221