PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State -

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

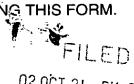
UNGLAUB AND CLOUD, INC.

Principal Place of Business

Mailing Address

202 E TENNESSEE ST

202 E TENNESSEE ST



02 OCT 24 PM 2:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE FL 323UI		TALLAMASSEE PL 32301			PACTATEMENT 02			
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If above a	addresses are incorrect in any way, line t	hrough incorrect in	iformation ar	nd enter correction below: 12	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	, w		
			ing Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 05/25/1970			
Suite, Apt. #, etc.			ite, Apt. #, etc.			5. FEI Number Applied For		
01 00-4		City & State	City & State			59-1301615		
City & Stat	•	Oily a State			Not Applicable			
Zip	Country	Zip		Country	T **	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)	1		
Title(s)	s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo		City / State / Zip		
PD	UNGLAUB,GEORGE H		202 EAST TENNESSEE ST			TALLAHASSEE FL		
D CLOUD, WILLIAM D			202 EAST TENNESSEE ST			TALLAHASSEE FL		
,					10/24/	9000085 0201107006	79709 6 **750.00	
					Propos			
		-		1	(
	8. Name and Address of Curre	ent		Name and Address of New Registered Agent				
UNGLAUB, GEORGE 202 E. TENNESSEE STREET TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. l. bein	ng appointed the registered agent of the	above named corp	oration, am i	familiar with and accept the	obligations of Sect			

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 of Registered Agent

Date 16 - 22-02