

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 10 AM 11:04

DOCUMENT #

427868

1. Corporation Name

Additions Unlimited, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 91-98
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If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

41429 McKenzie Highway

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 175

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/73

5. FEI Number

59-1489592

Applied For

Not Applicable

City & State

Springfield, Oregon

City & State

Walterville, Oregon

Zip

97478-8688

Country

USA

Zip

97489-0175

Country

USA

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Lester Cunningham	41429 McKenzie Highway	Springfield, OR 97478-8688
Sec.	Lester Cunningham	41429 McKenzie Highway	Springfield, OR 97478-8688

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert P. Root

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

15011 E. Falcon Lee Drive

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33331

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

REGISTERED AGENT MUST SIGN

Date Mar 26, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

3/31/98

541-896-9020