

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004889

1. Corporation Name

S U UNLIMITED, INC.

Principal Place of Business

Mailing Address

84 48TH STREET
GULFPORT MS 39507

84 48TH STREET
GULFPORT MS 39507

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

2. New Principal Office Address, If Applicable

4487 Summerhaven Blvd S.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4487 Summerhaven Blvd S.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

94-3425108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32258

Country

Duval

Zip

32258

Country

Duval

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
CP	HARVEY, JESSICA D	4547 WESSCONNETT BLVD. 4487 Summerhaven Blvd S.	JACKSONVILLE FL 32210 32258
			300024184393 10/28/03--01006--011 **750.00

8. Name and Address of Current Registered Agent

HARVEY, JESSICA D
4547 WESSCONNETT BLVD.
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name Jessica D Harvey
Street Address (P.O. Box Number is Not Acceptable)
4487 Summerhaven Blvd S.
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32258

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. or 617.0505, F.S.

Signature of Registered Agent

Jessica D Harvey
REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

Jessica D Harvey Jessica D. Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

904-
591-9922

CR2E040 (7/03)