

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

DOCUMENT # **F98000007134**

1. Corporation Name

**PRO UNLIMITED SERVICES, INC.**

Principal Place of Business

**415 CROSSWAYS PARK DRIVE  
 WOODBURY NY 11797**

Mailing Address

**415 CROSSWAYS PARK DRIVE  
 WOODBURY NY 11797**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 OCT 27 PM 3:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 99**

4. Date Incorporated or Qualified To Do Business in Florida

12/31/1998

SP

5. FEI Number

11-3464398

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MACCARRONE, HARRY V	415 CROSSWAY PARK DRIVE	WOODBURY NY
VST	BALDWIN, BOB	415 CROSSWAY PARK DRIVE	WOODBURY NY
V	ENDE, ROBERT F	415 CROSSWAY PARK DRIVE	WOODBURY NY
<del>VST</del> AS	<del>REISCH, ANDREW C.</del> ANNICELLI, LINDA	<del>415 CROSSWAY PARK DRIVE</del> 415 CROSSWAY PARK DRIVE	<del>WOODBURY NY</del> WOODBURY NY
AS	FELTMAN, ARTHUR A	415 CROSSWAY PARK DRIVE	WOODBURY NY
			400003031704--0 -11/02/99--01018--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

*Dolores Butler*

Date

10/26/99

REGISTERED AGENT MUST SIGN

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:

*Arthur A. Feltman*

Arthur A. Feltman

10/19/99

(516) 437-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #