

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47082

1. Corporation Name

Unit International, Inc.

300112236063
11/13/07--01052--017 **300.00

2. Principal Office Address - No P.O. Box #

644 Cesery Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Same

City & State

Jacksonville, FL

City & State

Same

Zip

32211

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/1985

5. FEI Number
59-2515388

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

M. Fred Whelan

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

644 Cesery Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Jacksonville

State

FL

Zip Code

32211

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

M. Fred Whelan
REGISTERED AGENT MUST SIGN

Date 11/12/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chair	M. Fred Whelan	644 Cesery Blvd., Suite 200	Jacksonville, FL 32211
Sec	Warren P. Powers	644 Cesery Blvd., Suite 200	Jacksonville, FL 32211
Pres	Jeffrey R. Landa	644 Cesery Blvd., Suite 200	Jacksonville, FL 32211

10. 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 contained in Chapter 119, 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: *Jeffrey R. Landa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/07 904-744-0273
Date Daytime Phone #

B. Mitchell NOV 13 2007