

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 AUG -9 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/13/99--01112--024  
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DOCUMENT #

M93505

1. Corporation Name

Unitary Financial Organization, Inc.

Principal Place of Business

Mailing Address

250 Crown Oak Centre Drive  
Longwood, FL 32750

Same

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/10/88	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2938526	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
VPD	David Phillips	250 Crown Oak Centre Dr	Longwood, FL 32750

REINSTATEMENT 97-99 ITS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
David Phillips 250 Crown Oak Centre Drive Longwood, FL 32750		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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	Date 19 July 99
REGISTERED AGENT MUST SIGN	

11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(See other side for information on intangible tax.)
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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:	Vice Pres./Dir.	Date 19 July 99	407332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	7754

CR2E061 (12/98)