

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 30 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NOS 0000 11148

1. Corporation Name

Unlimited Community Development Corporation

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

940 Harbor Inn Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6136

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Fort Lauderdale, FL

Zip

33071

Country

U.S.A

Zip

33310

Country

U.S.A

REINSTATEMENT 07-08

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida November 1st 2005

5. FEI Number

20-3748604

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Michele Scott

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

940 Harbor Inn Drive

Suite, Apt. #, Etc.

Building #16

City Coral Springs

State FL

Zip Code 33071

☒ 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

Michele Scott

REGISTERED AGENT MUST SIGN

Date

6/24/08

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
<u>P</u>	<u>Michele Scott</u>	<u>940 Harbor Inn Drive</u>	<u>Coral Springs, FL 33071</u>
<u>D</u>	<u>Raquel Robinson</u>	<u>1451 NW 108th Ave # 317</u>	<u>Plantation, FL 33322</u>
<u>D</u>	<u>Deda Sigler</u>	<u>1021 S. D Street</u>	<u>Lake worth, FL 33460</u>
		<u>7/6/30</u>	

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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:

Michele Scott

Michele Scott

Date

6/24/08

Daytime Phone #

954 319-3196
954 847-4367