

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC -5 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31483

1. Corporation Name

ARTISTS UNLIMITED, INC.

Principal Place of Business

223 N. 12TH ST.
TAMPA FL 33602

Mailing Address

223 N. 12TH ST.
TAMPA FL 33602

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

04/03/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2954446

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	GARY, ANITA	223 N 12TH STREET	TAMPA FL 33602
D	WHITE, GENIE FARRELL	223 N 12TH STREET	TAMPA FL 33602
D	BOOSA, DAVID ROMEO SARA	223 N. 12TH STREET	TAMPA FL 33602
D	White, Williams S.	223 N. 12TH ST.	Tampa, Fl. 33602
			800003506018--7 12/19/00 01067 013 ***236.25 ****236.25

8. Name and Address of Current Registered Agent

REINSTATEMENT

Name and Address of New Registered Agent

WHITE, GENIE F. 223 N 12TH STREET 223 N. 12TH ST. TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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

Genie F. White
REGISTERED AGENT MUST SIGN

Date 12/1/00

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: *Genie F. White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/00 813-229-1758
Date Daytime Phone #

CR2E040 (8/00)