PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # NO

1. Corporation Name

From Unity To Loyalty Inc.

Corp #: N9300005473
Principal Place of Business Mailing Address

3221 Clyde Drive .

Jacksonville , F1 32208 FILED

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SERREIARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.							PATCARE		
			ng Office Address, If Applicable			4. Date incorp	Halled of distribution	10	
3221_	Clyde Drive	3221_C	lyde Drive			To Do Business in Florida			
3221 Clyde Drive. 3221 C Suite, Apt. #, etc. Suite, Apt. #,		lyde Drive. ———			12/06/93 5. FEI Number / Applied For				
=City & State — — — — — — — — — — — — — — — — — — —				N/A			Applied For		
			nville.Fl.			Not Applicable			
Zip Country Zip		Country		,	6. CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee for a Certificate of S			onal Fee required	
32208 Duval 32208		Duval		al					
7. Names and Street Addresses of Each Officer and/or Director, (Florida nonprofit corporations must list at least 3 director 8 0 0 0 0 3 4 8 6 2 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5									
	Name of Officers		Street Address of Eac			#15\02\0001001040			
Title(s)	and/or Directors				icer and/or Director e Post Office Box N		****45[\$\tex\$\tex\$\tex\$\tex\$\tex\$\tex\$\tex\$\tex		
1 4		<del></del>	3 (0	01101 08	e Fost Office Box IV	difficers)			
C .	Michael Knight, Ch	2010 N.Main Street			Jacksonville,F1.32206				
v c	James Evans Jr.,M Vice C	,6934 Richardson Road			Jacksonvil.	le,Fl.	32209		
Tres	Andr'e X Neal, Tre	3221 Clyde Drive .			Jacksonvil	le,Fl.	32208		
Т	Estelle Jorgan	2010 N.Main Street			e t	Jacksonvil.	le,Fl.	32206	
Т	Robert L. Flowers	6720 West Virginia Court			. Jacksonvi	lle,Fl	.32208		
Т	Michael Knight ,I	2010 N.Main Stree			et.	Jacksonville,Fl.32206			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
					Name				
					Andr'e X Neal,3221 Clyde Drive .				
					Street Address (P:O: Box: Number is Not Acceptable)				
					3221 Clyde Drive. Suite, Apt. #, Etc.				
					City Jacksonville  State Zip Code FL 32208				
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 Agent Agent Must Sign  Date 1/23/88									
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No Ix (See other side for information on intangible tax.)									
	that I am an officer or director or the receives								

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.

Michael Knight
MAME OF SIGNING OFFICER OR DIRECTOR

<u>(904)716-8582</u>