

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N94000006322

1. Corporation Name

ABILITIES UNLIMITED INCORPORATED

Principal Place of Business

7175 SW 47 ST  
#203  
MIAMI, FL 33155

Mailing Address

6800 BIRD ROAD  
P.M.B. #652  
MIAMI, FL 33155

FILED

99 JUL -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000002929740-5  
-07/13/99--01037--003  
\*\*\*\*428.75 \*\*\*\*428.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-28-94

5. FEI Number

63-0549381

Applied For

Not Applicable

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| PRES/D        | GLADYS MARGARITA DIAZ                     | 4722 SW 67 AVE #A-3                                                                            | MIAMI - FL 33155        |
| VICE-PRES     | CHARLES MAYER                             | 2875 NE 191 ST #704                                                                            | MIAMI FL 33169          |
| SEC/R         | RAY JOURDAIN                              | 4722 SW 67 AVE #A-3                                                                            | MIAMI - FL 33155        |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
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|               |                                           |                                                                                                |                         |

STATEMENT 96-99 ITS

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8. Name and Address of Current Registered Agent

SAUNDRA T. O'NEIL  
4722 SW 67 AVE #A-15  
MIAMI, FL 33155

9. Name and Address of New Registered Agent

Name GLADYS M. DIAZ  
Street Address (P.O. Box Number is Not Acceptable)  
4722 SW 67 AVE #A-3  
Suite, Apt. #, Etc.  
MIAMI FL  
City  
State FL Zip Code 33155

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

GLADYS MARGARITA DIAZ  
REGISTERED AGENT MUST SIGN

Date July 6, 1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLADYS MARGARITA DIAZ

July 6, 1999

Date

Daytime Phone #

(305)  
661-1821