

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS N 05000037032	
DOCUMENT # N98000000159			
1. Corporation Name UNIQUE REFLECTIONS FOR TODAY'S LIVING, INC			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7100 ULMERTON ROAD		#2185	
LARGO		LARGO	
33771		33771	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number		Applied For	
59-3488857		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			

FILED
05 SEP 26 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

T. Roberts SEP 27 2005

4/27/2005 90290 014 66.25

7. Name and Address of Current Registered Agent	
Name	WILLIAM J. KRUTZA
Street Address (P.O. Box Number is Not Acceptable)	7100 ULMERTON RD
Suite, Apt. #, Etc.	#2185
City	LARGO
State	FL
Zip Code	33771

700060060797
09/29/05--01014--002 **131 25

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	Date
<i>William J. Krutza</i>	6-29-05
REGISTERED AGENT MUST SIGN	

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
EX.DIR	WILLIAM J. KRUTZA	7100 ULMERTON RD #2185	LARGO, FL 33771
DIR	ROTH M KRUTZA	7100 ULMERTON RD #2185	LARGO, FL 33771
DIR	ROBERT WORTHEN	2591 COUNTRYSIDE BLVD BLD 5, APT 212	Clearwater, FL 33761
DIR	MARGARET WORTHEN	2591 COUNTRYSIDE BLVD BLD 5, APT 212	Clearwater, FL 33761
DIR	KENNETH KRUTZA	4531 PINE HOLLOW DR	TAMPA, FL 33624
DIR	SUE KRUTZA	4531 PINE HOLLOW DR	TAMPA, FL 33624

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 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: *William J. Krutza* WILLIAM J. KRUTZA 6/29/05 727-535-4186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (07/05)