PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 152 06 NOV 21 AM II: 39
	39864	SECRETALL STATE TALLAHASSEE, FLORIDA
Unlimited Options, Inc.		100081986561 11/21/0601037015 **150.00
2. Principal Office Address	3. Mailing Office Address 5252 Hickory Hollow KWY	REINSTATEMENT
Suite, Apt. #. etc. City & State	Suite, Apt. #, etc. # 2169 City & State	4. Date Incorporated or Qualified To Do Business in Florida CR2E081 (12/05) 6. Date Incorporated or Qualified To Do Business in Florida 7. 19. 2001
Mism: Besch, FL 33139 Codntry WSA	Antioch, IN Zip 37013 Country USA	5. FEI Number 35-2283789 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name :————————————————————————————————————		
Street Address (P.O. Box Number SNot Acceptable)		
400 So Kointe Dr.		
Suite, Apt. #, Etc.		
City Miam: BED	ch	State Zip Code FL 33139
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 11.17.06		
Registered Agant Date Date		
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 Eacl Officer and/or Directo	
PD Johnetto Sheaver 400 So. Pointe Dr. 406 Mismi Brosch, PL 33139		
VD Islame Shearer 120 Took Dr. Antirch, IN 37013		
-		
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 intivipidals 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: 17. 26 (65.477-7753) (65.477-7753) (66.5477-7753) (
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		

N

November 17, 2006

To Whom It May Concern:

This letter is to inform you that I did not receive the rejection letter that was sent on September 1st, 2005, to make corrections and return in 30 days. The zip code is incorrect on the company information...the zip code should be 33139.

You are currently holding \$300.00 on record...please waive the \$600.00 penalty fee.

The corporation name is UNLIMITED OPTIONS, INC.

Document #P01000039864

Enclosed please find the check in the amount of \$150.00 for 2006.

Please contact me at.... 615-477-7753 should you need further information.

Jøhnetta Shearer