

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

02-07



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 16 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039864

1. Corporation Name

Unlimited Options, Inc.

2. Principal Office Address

400 So Point Dr.

Suite, Apt. #, etc.

706

City & State

Miami Beach, Florida

Zip

33130

Country

USA

3. Mailing Office Address

400 So Point Dr.

Suite, Apt. #, etc.

706

City & State

Miami Beach Florida

Zip

33130

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied for

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800021629668
07/17/03--01069--013 **300.00

7. Name and Address of Current Registered Agent

Name

Shearer, Johnetta

Street Address (P.O. Box Number is Not Acceptable)

400 So Point Dr.

Suite, Apt. #, Etc.

706

City

Miami Beach

State

FL

Zip Code

33130

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

Johnetta Shearer
REGISTERED AGENT MUST SIGN

Date

7-9-03

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
P D	Shearer, Johnetta	400 So Point Dr. #706	Mia Bea, FI 33130
VP D	Shearer, Talmage	400 So Point Dr. #706	Mia Bea, FI 33130

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:

Johnetta Shearer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-9-03

Daytime Phone #

(615)
477-7753

CR2E081 (10/02)

7/14