

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000109921

1. Corporation Name

ONE OF A KIND UNLIMITED, INC.

Principal Place of Business

Mailing Address

255 S.W. BEAVER STREET  
FORT WHITE FL 32038

255 S.W. BEAVER STREET  
FORT WHITE FL 32038

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2001

5. FEI Number

01-0673558

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	EVACHEK, LAVERNE M	255 S.W. BEAVER STREET	FORT WHITE FL 32038

400024341124  
10/31/03--01088--019 \*\*150.00

8. Name and Address of Current Registered Agent

EVACHEK, LAVERNE M  
255 S.W. BEAVER STREET  
FORT WHITE FL 32038

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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.

LAVERNE M. EVACHEK

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03 352 413 1043

Date

Daytime Phone #

CR2E040 (7/03)

DIVISION OF CORPORATIONS  
ANNUAL/REPORT REINSTATEMENT SECTION  
POB 6327  
TALLAHASSEE FL 32314-6327

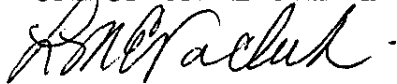
TO WHOM IT MAY CONCERN

PLEASE BE ADVISED THAT THE UBR NOTICES WERE NOT  
RECEIVED. FIND ENCLOSED A CHECK FOR 150.00. AND PLEASE  
UPDATE RECORDS.

THANK YOU IN ADVANCE

RESPECTFULLY,

ONE OF A KIND UNLIMITED INC

A handwritten signature in cursive script, appearing to read "L. Evachek", written over the printed name.

LAVERNE M. EVACHEK  
10-29-03