

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000009799**

1. Corporation Name

ULTIMATE MEASURES, INC.

Principal Place of Business

Mailing Address

1155 TAMPA RD
PALM HARBOR FL 34683

PO BOX 908
PALM HARBOR FL 34682



REINSTATEMENT 07

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3592371

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	HARRIS, GEORGE P	1155 TAMPA RD	PALM HARBOR FL 34683
RD	HARRIS, ROBIN	1155 TAMPA RD	PALM HARBOR FL 34683

700024103177
10/27/03--01023--001 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Jim Dixon Consulting

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

3450 E. LAKE Rd

Suite, Apt. #, Etc.

Suite 309

City

Palm Harbor

State

FL

Zip Code

34685

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

Jim Dixon
REGISTERED AGENT MUST SIGN

Date 10/20/03

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.

SIGNATURE:

George P. Harris
George P. Harris President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03
Date

Daytime Phone #

CR2E040 (7/03)

ULTIMATE MEASURES, INC.

P.O. Box 908
Palm Harbor, FL 34682
Phone (727) 789-9795
Fax (727) 789-9766
gharris@ultimatemeasures.com

10/20/03

To Whom It May Concern:

Please find the enclosed application for reinstatement. I did not receive the UBR. I am enclosing a check in the amount of \$158.75 made payable to the Department of State.

If any other filings are needed please forward the forms to the above address.

Thank you for your time,



George P. Harris
President