

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 28 PM 4:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F02000068910 1. Corporation Name U NO.RECORDS INC.					
2. Principal Office Address 201 N. WARE DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 201 N. WARE DRIVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/21/2002	
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		5. FEI Number 50-0002789 Applied For ☐ Not Applicable ☐	
Zip 33409 Country USA	Zip 33409 Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent			
Name BOBBY L COOPER			
Street Address (P.O. Box Number is Not Acceptable) 201 N. WARE DRIVE			
Suite, Apt. #, Etc.			
City WEST PALM BEACH		State FL	Zip Code 33409

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 <i>Bobby L Cooper</i>		BOBBY L COOPER REGISTERED AGENT MUST SIGN	
		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 Each Officer and/or Director	City / State / Zip
D	BOBBY L COOPER	201 N. WARE DRIVE	WEST PALM BEACH FL 33409

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: <i>Bobby L Cooper</i>		BOBBY L COOPER, DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

C-123456789

DATE: 10-24-03

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

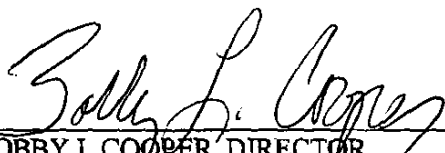
FROM: BOBBY L COOPER
U NO.RECORDS INC..

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS BY
MAIL.

PLEASE FILE OUR REINSTATMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-628-5407 FAX
561-683-6129

THANKS,


BOBBY L COOPER, DIRECTOR
U NO.RECORDS INC.