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 # P02000088910

1. Corporation Name

U NO.RECORDS INC.

2. Principal Office Address	3. Mailing Office Address
201 N. WARE DRIVE	201 N. WARE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WEST PALM BEACH FL	WEST PALM BEACH FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/2002

5. FEI Number: 50-0002789 ☐ 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: BOBBY L COOPER

Street Address (P.O. Box Number is Not Acceptable): 201 N. WARE DRIVE

300024419283
11/04/03--01063--006 **150.00

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: Bobby L Cooper BOBBY L COOPER Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (3/01)

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

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

BOBBY L COOPER, DIRECTOR
U NO.RECORDS INC.