

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 22 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000083570**

1. Corporation Name

UNLIMITED EXPORT, INC.

Principal Place of Business

Mailing Address

17500 N BAY RD
SUNNY ISLES FL 33160

17500 N BAY RD
SUNNY ISLES FL 33160

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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2002

5. FEI Number

59-1992795

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SILVA, DANIELA GREGORIA G. VELEZ	17500 N BAY RD	SUNNY ISLES FL 33160
D	DELIA MIRABAL	17600 N BAY RD	SUNNY ISLE BEACH FL 3316
VP	SOL LIPSON	17500 N BAY RD	
S	LINDY LASKY	17600 N BAY RD	900024025289 10/22/03--01070--009 **\$1.25
T	FRED GOLDSCHMIDT	17500 N BAY RD	900024025289 10/22/03--01070--010 **\$175.00
D	JOYCE ERARDER	17600 N BAY RD	

8. Name and Address of Current Registered Agent

SILVA, DANIELA
GREGORIA G. VELEZ
17500 N BAY RD
SUNNY ISLES FL 33160

APT-608 S

9. Name and Address of New Registered Agent

Name

GREGORIA G. VELEZ

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

17500 N BAY RD #608

Suite, Apt. #, Etc.

City

Sunny Isle Beach

State

FL

Zip Code

33160

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

Gregoria G. Velez

REGISTERED AGENT MUST SIGN

Date

10/14/00 3

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:

Gregoria G. Velez GREGORIA G. VELEZ (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/00 3

Date

305-966-0800

Daytime Phone #

CR2E040 (7/03)