## 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 # P02000099864

1. Corporation Name

UNLIMITED FABRICATIONS, INC.

Principal	Place	of	Business

Mailing Address

31096 BLD 2 HWY 27 LAKE HAMILTON FL 33851 31096 BLD 2 HWY 27 LAKE HAMILTON FL 33851 03 OCT 15 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above a	addresses are	incorrect in any way, line t						
2. New Principal Office Address, If Applicable  3. New Maili P. O. D. Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip			ing Office Address, If Applicable 30x 570		Date Incorporated or Qualified     To Do Business in Florida     09/16/2002			
			Suite, Apt. #,	*, etc.		5. FEI Numbe	Applied For	
				E HAMILTON, FI		04.	Not Applicable	
			7in	Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an		<del></del>	tions must list at lea	ast 3 directors)		
Title(s)			Street Address of Each Officer and/or Director			City / State / Zip		
D COMBEE, RICHARD M			729 LAKE NED RD			WINTER HAVEN FL 33882		
						00 10/15/	0023802 0301016012	3 <b>60</b> ? **150.00
	8. Narr	e and Address of Currer	nt Registered Age	ent	Name	9. Name and	Address of New Register	red Agent
COMBEE, CATHERINE L 522 HILLSIDE DR AUBURNDALE FL 33823			Street Address (P.O. Box Number is Not Acceptable)  345 W. DAVIDSON ST  Suite, Apt. #, Etc.  SwiTE 202  City BARTOW  State Zip Code  FL 33830					
10. I, being	appointed th	e registered agent of the a	bove named corpo	oration, am familiar wi			ion 607.0505, F.S. or 617.	
Signature of Registered	of Agent that I am an o	officer or director or the rec	REGISTERED AG	ENT MUST SIGN	this application as j	provided for in cha	Date/ \( \int \int \int \int \int \int \int \int	9/03 ther certify that when filing
this reir	nstatement ap	plication, the reason for dis	solution has been	eliminated, the corpo	rate name satisfies	the requirements	of section 607.0401 or 61	7.0401, 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

NING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Unlimited Fabrications, Inc.

To Whom It May Concern:

Please find enclosed the Application for Reinstatement for Unlimited Fabrications, Inc. and a check for \$150.00. Since I did not receive any such notices, I am requesting that you reinstate my corporation, Unlimited Fabrications, Inc., pursuant to the Notice of Administrative Dissolution or Revocation mailing I received on October 9, 2003.

It was by chance or the seriousness of the Notice of Administrative Dissolution or Revocation that the Post Office of Lake Hamilton placed this mailing into my post office box. Previously any mailings with a physical address would be returned even though I have done business for years in the Post Office of Lake Hamilton and have known the mail handlers, they do not provide mail delivery to a physical address. Therefore, previous mailings with the physical address would be returned. Perhaps your records reflect the return of these documents, because I did not receive any notice for annual reports/uniform business reports informing me that my corporation would be dissolved.

Thank you for your kind consideration in this matter. If you have any questions you may contact me at (863) 439-5258.

Sincerely,

Richard M. Combee President