

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090346

1. Corporation Name

LIMITLESS POTENTIALS, INC.

2. Principal Office Address - No P.O. Box #

675 W. INDIANTOWN RD

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33458

Country

U.S.A

City & State

Same

Zip

Same Same

Country

Same Same

REINSTATEMENT 07-11

500192044575

01/20/11--01026--004 **1350.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/2003

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KATHRYN C. SHAFER

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

675 W. INDIANTOWN RD

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date 01/11/2011

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
PRES	KATHRYN C. SHAFER	675 W. INDIANTOWN RD	JUPITER, FL 33458

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2011

Date

561
799-6789

Daytime Phone #

1/2/11

Ag 283

AFFIDAVIT

I, PAMELA ILARIA, make this Affidavit of my own free will and hereby state the following:

- 1) I am the owner of the corporate name Limitless Potential, Inc. incorporated on January 23, 2009 and assigned document # F09000000292, which corporation was administratively dissolved by the State of Florida on September 24, 2010.
- 2) I have no intention of renewing this corporation, now or at any time in the future.
- 3) I understand that my corporate name conflicts with the name Limitless Potentials, Inc. a Florida corporation owned by Kathryn C. Shafer, which corporation was also administratively dissolved, but now Ms. Shafer wants to renew and reinstate her name but is prevented from doing so because of the conflict with my name.
- 4) I hereby release, transfer and/or assign all of my rights to the name Limitless Potential, Inc. to Kathryn C. Shafer.

DATED this 4th day of ~~December~~ January, 2010.



PAMELA ILARIA

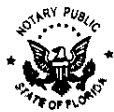
3028 Atherly Rd
Street Address

St. Augustine FL 32092
City, State, Zip

STATE OF FLORIDA

COUNTY OF St Johns

The foregoing instrument was acknowledged before me this 4th day of ~~January 2010~~ December, 2010, by PAMELA ILARIA, who is personally known to me or who has produced her driver's license as proof of identification.



MICHELLE LEWIS
MY COMMISSION # DD 676785
EXPIRES: June 1, 2011
Bonded Thru Budget Notary Services

Michelle Lewis
Notary Public

2840 E 210 W Saint Johns St
Address 32259