

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002493

1. Corporation Name

UNFORGETTABLE TIMES INC

2. Principal Office Address

17691 SW 4 COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

Country

Zip

Country

33029

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0682538

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

VICTORIA CROCITTA

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

17691 SW 4 COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

V. Crocitta

Date

10/29/2004

REGISTERED AGENT MUST SIGN

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
P	VICTORIA-H.CROCITTA	17691.SW 4.CT	PEMBROKE PINES, FL 33029
VP	NATERA, XIOMARA	13131 SW 202 TR	MIAMI, FL 33177

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:

V. Crocitta

Victoria H Crocitta, Presiden

10/29/2004

(954) 431-6533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UNFORGETTABLE TIMES INC.
17691 SW 4TH COURT
PEMBROKE PINES, FLORIDA 33029-4016

October 29, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: UNFORGETTABLE TIMES INC

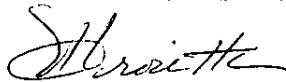
Ref: P04000002493

Enclosed please find the 2004 Application for Reinstatement, along with the payment of \$150.00.

We wish to request a waiver of the reinstatement fee, because we did not receive any previous notice from you in this regard, and did not realize that the payment had to be made.

We thank you for your understanding.

Sincerely,



Victoria H. Crocitta
President