

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000103605

**FILED**  
**Nov 10, 2006**  
**Secretary of State**

**Entity Name:** APPLIED CONCEPTS UNLIMITED, INC.

**Current Principal Place of Business:**

156 W. SR 434  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

510 CENTRAL PARK DRIVE  
SANFORD, FL 32771 US

**Current Mailing Address:**

156 W. SR 434  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

510 CENTRAL PARK DRIVE  
SANFORD, FL 32771 US

**FEI Number:** 20-1368615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MERCADO, LUIS A  
3015 INDIA BLVD  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LUIS MERCADO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MERCADO, LUIS A  
Address: 3015 INDIA BLVD  
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete  
Name: TROISI, CYNTHIA M  
Address: 1221 CARDINAL COVE CIRCLE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: TROISI, CYNTHIA M  
Address: 991 PICASSO AVE.  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LUIS MERCADO

Electronic Signature of Signing Officer or Director

OWNE

11/10/2006

Date