PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 23 PM 2: 21

TALLA~ ~EE, FLORIDA

DOCUMENT # P0S000015210

1. Corporation Name O'Neill Unlimited, Inc.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
97033 Bell Lagoon Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Yulee, FL

City & State

Zip FL 32097 | Country USA

Zip 32097 | Country

4. Date Incorporated or Qualified To Do Business in Florida 1.28.05 original

5. FEI Number EIN-43.2073322

| 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 Kenneth O'Neill

Street Address (P.O. Box Number is Not Acceptable)
97033 Bell Lagoon Dr.

Suite, Apt. #, Etc.

City Yulee | State FL | Zip Code 32097

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _Kenneth O'Neill_
REGISTERED AGENT MUST SIGN

Date 4·16·07

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	Kenneth O'Neill	97033 Bell Lagoon Dr.	Yulee, FL 32097
VP	Patricia O'Neill	97033 Bell Lagoon Dr.	Yulee, FL 32097

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04/23/07--01031--004 **300.00

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 contained in Chapter 119, 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: _Kenneth O'Neill_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-16-07

Daytime Phone # 904491.0861