

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN -6 PM 5: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000010023

1. Entity Name
UNLIMITED MULTI TRANSPORT INC



Principal Place of Business
301 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33405

Mailing Address
301 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33405

2. Principal Place of Business - No P.O. Box #

1506 QUAIL DR

Suite, Apt. #, etc.

#7

3. Mailing Address

1506 QUAIL DR

Suite, Apt. #, etc.

#7

City & State
WEST PALM BEACH FL

Zip
33409

Country

City & State
WEST PALM BEACH FL

Zip
33409

Country

PALM BEACH



REINSTATEMENT 098 (1/07) 08

4. FEI Number
2041-85041

Applied Fee
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGUERRE, ANDRE P
301 NORTHPOINT PARKWAY
WEST PALM BEACH FL, FL 33407

7. Name and Address of New Registered Agent

Name
LAGUERRE, ANDRE P

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

1506 QUAIL DR #7

City
WEST PALM BEACH

FL

Zip Code
33409

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAGUERRE, ANDRE
301 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAGUERRE, ANDRE
1506 QUAIL DR #7
WEST PALM BEACH FL 33409 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800139681878
01/06/09--01019--001 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-08