

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006360

1. Corporation Name

Ultimate International Products Co.

2. Principal Office Address

4360 Northlake Blvd.

Suite, Apt. #, etc.

100

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

3. Mailing Office Address

4360 Northlake Blvd.

Suite, Apt. #, etc.

100

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January 1993.

5. FEI Number

65-0383576

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

YVES Lajeunesse

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

8256 Woodsmuir Dr.

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code

33412

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/18/02

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	yves Lajeunesse	8256 Woodsmuir Dr.	Palm Beach Gardens FL 33412
S	NICOLE VANIER	8256 Woodsmuir Dr.	Palm Beach Gardens FL 33412
D	Donald Con Rad	105 Banyan Rd	Palm Beach, FL 33480

[Signature]
11/12/11

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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YVES Lajeunesse

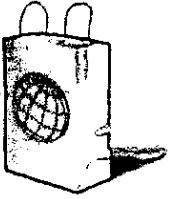
11/18/02

Date

561-694-6886

Daytime Phone #

Ultimate International Products Company



November 18, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom-It May Concern:

Last Friday, I learned from the City of Palm Beach Gardens (applying for an occupational license) that Ultimate International Products Co. was inactive. I called immediately the Department of State and they told me that the Annual Report has been returned to their office and that is why it was not completed. They informed me to fill out a reinstatement form and to send a check for \$150.00 because we did not receive the previous notice.

I hope that everything is now done accordingly. If you need more information, you can contact me at 561-694-6886, ext. 400.

Sincerely,

A handwritten signature in cursive script that reads "Nicole Vanier".

Nicole Vanier