

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 23 AM 10:04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **893000045729**

1. Corporation Name

Contractors Unlimited, Inc.

2. Principal Office Address

4261 Twilight Trail

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34746

Country

Osceola

3. Mailing Office Address

P.O. Box 450457

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34745

Country

Osceola

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/93

5. FEI Number

59-3223499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SS 75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cecile M. Wade

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

4261 Twilight Trail

Suite, Apt. #, Etc.

City

Kissimmee,

State

FL

Zip Code

34746

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

Cecile M. Wade
REGISTERED AGENT MUST SIGN

Date 8/2/04

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
Pres	Glennon Wade	4261 Twilight Trail	Kissimmee, FL 34746
Sec	Cecile M. Wade	4261 Twilight Trail	Kissimmee, FL 34746
Treas	Cecile M. Wade	4261 Twilight Trail	Kissimmee, FL 34746
V-Pres	Cecile M. Wade	4261 Twilight Trail	Kissimmee, FL 34746
**All mail must go to P.O. Box (no box at above address) **			

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:

Cecile M. Wade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/2/04

Daytime Phone #

407-
518-
1888

CR2E001 (01/04)