

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000070065**

1. Corporation Name

UNPARALLELED PUBLISHING, INC.

Principal Place of Business

Mailing Address

2801 NE 11TH COURT
FT. LAUDERDALE FL 33304

P.O. BOX 59
FT. LAUDERDALE FL 33302

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1103 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE 5W

City & State

FT LAUDERDALE FL

Zip

33301

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1993

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSVD	SCOGNA, ROBIN A	2801 NE 11TH COURT	FT. LAUDERDALE FL 33304
T	SCOGNA, ROBIN A	2833 OAK PARK CIR	DAVIE FL 33328
			900002084239--0 -02/11/97--01158--004 ****191.25 ****191.25
			900002084239--0 -02/11/97--01158--005 ****183.75 ****183.75
			062-7-97

8. Name and Address of Current Registered Agent

SCOGNA, ROBIN A
2801 NE 11TH COURT
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name ROBIN ANN SCOGNA
Street Address (P.O. Box Number is Not Acceptable)
2833 OAK PARK CIRCLE
Suite, Apt. #, Etc.
City DAVIE State FL Zip Code 33328

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature
Registered Agent

Robin Ann Scogna
REGISTERED AGENT MUST SIGN

Date 1/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Robin Ann Scogna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 954-523-3636
Date Daytime Phone #