


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000078384**

1. Corporation Name

UNFORGETTABLES, INC.

Principal Place of Business

**2810 PALMER DR
HOLLYWOOD FL 33021**

Mailing Address

**2810 PALMER DR
HOLLYWOOD FL 33021**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1993

5. FEI Number

65-0448064

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	City / State / Zip
DP	WEISBERG, ILENE	2810 PALMER DR	HOLLYWOOD FL

200004671442--2
-11/07/01--01077--025
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WEISBERG, ILENE
2810 PALMER DR
HOLLYWOOD FL 33021**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/18/01

11. 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**

Ilene Weisberg, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01
Date

(954) 963 7427
Daytime Phone #

CR2E040 (8/01)

Unforgettables, Inc.

Antiques and Fine Collectables

2810 Palmer Drive

Hollywood, FL 33021

Phone: (305) 963-7427 Fax: (305) 987-2222
954 954

October 18 2001

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

As per phone call with your office,
my annual corporate report was sent to you
on April 25 2001. Unfortunately I never
received my cancelled check but enclosed please
find proof of my mailing it. It was sent
by my brother-in-law in the same envelope
as his corporate return but mailed from
California. I had given it to him prior to his
business trip there. He received his cancelled
check but mine was never listed in my bank
account. Enclosed is a replacement check.

Thank you for your kind attention.