

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:15

DOCUMENT # P94000062556

1. Corporation Name

Unity Financial Corp. DBA
CARs R US
1019 Reid St.

2. Principal Office Address

1019 Reid St

Suite, Apt. #, etc.

City & State

Palatka FL

Zip

32177

Country

Autnam

3. Mailing Office Address

1019 Reid St.

Suite, Apt. #, etc.

City & State

Palatka FL

Zip

32177

Country

Autnam

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/25/94

5. FEI Number

59-3271677

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

Charles R Chronister

800003532778-4

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

1019 Reid St

01/11/01-01049-012

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

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

Charles R Chronister

REGISTERED AGENT MUST SIGN

Date 12/27/00

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
Pio	Charles R Chronister	P.O. Box 901	Palatka FL 32178

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:

Charles R Chronister

CHARLES R CHRONISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27

Daytime Phone #

(904) 325-1000

CR2E081 (9/99)