

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081060

1. Corporation Name

Collectables Unlimited, Inc.

2. Principal Office Address

1990 Lucky Lane

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

Zip

34639

Country

Pasco

3. Mailing Office Address

19900 Lucky Lane

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

Zip

34639

Country

Pasco

4. Date Incorporated or Qualified  
To Do Business in Florida

11/3/94

5. FEI Number

59-3282527

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

Raymond Hetzel

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

1990 Lucky Lane

Suite, Apt. #, Etc.

City

Land O' Lakes

State

FL

Zip Code

34639

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

Date

REGISTERED AGENT MUST SIGN

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
D	Raymond Hetzel	19900 Lucky Lane	Land O' Lakes, FL 34639
		01-03	TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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**Collectibles Unlimited**

4124 U.S. 19

P.O. Box 1082

New Port Richey, Fla. 34652

April 28, 2003

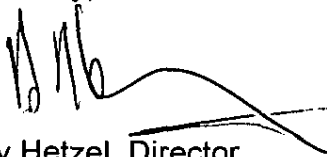
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I did not receive a 2001 UBR 1<sup>st</sup> or 2<sup>nd</sup> notice. On February 10, 2000 I filed the UBR form indicating a change of address. I called today to discover that my corporation had been dissolved and was told the change of address had not been updated in your records. I downloaded a copy of the 2000 UBR with the change of address handwritten that I will enclose with my reinstatement form. Please be assured that had I received the UBR forms, I would have filed them on time.

Please waive the \$600.00 reinstatement fee. Enclosed, please find my reinstatement form, a copy of the 2000 UBR filed on time indicating my change of address and a check in the amount of \$450.00 covering UBR fees for the years 2001-2003. Thank you for your assistance in this matter.

Sincerely,



Ray Hetzel, Director  
Encl.

P