

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN -2 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000019927**

1. Corporation Name

UNLIMITED DEVELOPMENT, INC

300003532799--9
-01/11/01--01049-020
***1058.75 ***1058.75

2. Principal Office Address

3. Mailing Office Address

44889 SW 103 ST RD

44889 SW 103 ST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL

OCALA FL

Zip
34476

Country
USA

Zip
34476

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1995

5. FEI Number

65-0648417

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

CHRISTIAN, TWILA

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

9281 W. ANTHONY RD.

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34479

8. 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

Twila Christian

Date **12-17-2000**

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
P	HART, JERRY	44889 SW 103 ST RD	OCALA FL 34476

REINSTATEMENT

99-0178

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

Jerry Hart

12-17-2000

Date

352-861-9777

Daytime Phone #