

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 SEP 18 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000021790

1. Corporation Name

UNLIMITED IMAGINATIONS, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

700 Ironwood Dr.

Suite, Apt. #, etc.

# 724

City & State

Ponte Vedra Bch, FL

Zip

32082

Country

ST. JOHNS

3. New Mailing Office Address, If Applicable

700 Ironwood Dr.

Suite, Apt. #, etc.

# 724

City & State

Ponte Vedra Bch, FL

Zip

32082

Country

ST. JOHNS

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/95

5. FEI Number

59-3312974

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Wanda V. Smith	700 Ironwood Dr #724	Ponte Vedra, FL 32082

400002299824--5  
--09/22/97--01119--013  
\*\*\*\*373.75 \*\*\*\*373.75

Wanda V. Smith  
9/15/97

8. Name and Address of Current Registered Agent

Wanda Vail Smith  
700 Ironwood Dr #724  
Ponte Vedra Bch, FL 32082

9. Name and Address of New Registered Agent

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

Wanda V. Smith

REGISTERED AGENT MUST SIGN

Date

9-15-97

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda V. Smith Wanda V. Smith 9-15-97 904-285-5255

Date

Daytime Phone #

CR2E040 (12/96)

2

TO: DIVISION OF CORPORATIONS

FROM: UNLIMITED IMAGINATIONS, INC.  
700 IRONWOOD DR. #724  
PONTE VEDRA BEACH, FL 32082

I AM ENCLOSING THE REINSTATEMENT FEE OF \$365.00 FOR CORPORATE REINSTATEMENT, PER MY CONVERSATION ON AUGUST 2, 1997 WITH ONE OF YOUR CORPORATE REPRESENTATIVES (ISABELLAS). THE APPLICATION FORM WAS NOT RECEIVED.

A handwritten signature in cursive script, reading "Wanda V. Smith". The signature is fluid and stylized, with a large loop at the end of the last name.

WANDA V. SMITH