

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 6:38

DOCUMENT # P95000026277

1. Corporation Name

H.C. UNLIMITED, INC.

Principal Place of Business

Mailing Address

218 NE 12TH AVE. 108
HALLANDAL FL 33009

~~218 NE 12TH AVE. 108~~
~~HALLANDAL FL 33009~~



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

800 Parkview Dr

800 Parkview Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

206

City & State

City & State

Hallandale, FL

Hallandale, FL

Zip

Country

Zip

Country

33009

U.S.A.

33009

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1995

5. FEI Number

65-0569759

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	4 City / State / Zip
D	CASTANEDA, HERMAN	218 NE 12TH AVE, 108	HALLANDAL FL 33009

4000003469564--9
-11/20/00--01013--015
****150.00 ****150.00

PA 11/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTANEDA, HERMAN
218 NE 12TH AVE, 108
HALLANDAL FL 33009

Name

CASTANEDA Herman

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

800 Parkview Dr

Suite, Apt. #, Etc.

206

City

Hallandale

State

FL

Zip Code

33009

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

Date

Oct-23-2000

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct-23-2000 714-922-6722

Date

Daytime Phone #

CR2040 (8/00)

(2)

H.C. Unlimited
800 Parkview Dr #206
Hallandale, FL 33009.

October 23, 2000

To whom it may Concern.

This letter is a Request to please waive the Reinstatement fee for this corporation due to not receiving the Documents for the yearly fee. Possibly because of the change of address that took place earlier in the year. I do hope you reconsider and please accept my apologies for any inconvenience. Thank you for your time and cooperation in this matter.

Cordially.



Herman Castaneda
Registered Agent.
H.C. Unlimited.