

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026277

1. Corporation Name

H.C Unlimited, Inc

2. Principal Office Address - No P.O. Box #

218 NE 12 Ave

Suite, Apt. #, etc.

108

City & State

Hallandale FL

Zip

33009

Country

US

3. Mailing Office Address

218 NE 12 Ave

Suite, Apt. #, etc.

108

City & State

Hallandale FL

Zip

33009

Country

US

7. Name and Address of Current Registered Agent

Name

Carlos Castaneda

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

218 NE 12 Ave

Suite, Apt. #, Etc.

108

City

Hallandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date 10/06/2009

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/D | C. Castaneda | 218 NE 12 Ave 108 | Hallandale, FL 33009 |
| S/D | H. Castaneda | 218 NE 12 Ave 108 | Hallandale, FL 33009 |
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REINSTATEMENT

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 contained in Chapter 119, 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

10/06/2009

Date

4072527542

Daytime Phone #

FILED

09 SEP -9 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700161548857

10/09/09--01048--002 **300.00

CR2E081 (12/08)

**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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.