02-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026277

1. Corporation Name

H. C. Unlimited, Inc.

600010668306
01/23/03--01034--026 **300.00

2. Principal Office Address	3. Mailing Office Address
1429 Plunkett St	1429 Plunkett St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Fl	City & State: Hollywood Fl
Zip: 33020 Country: U.S.A	Zip: 33020 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 4-3-1995

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. Name and Address of Current Registered Agent

Name: Herman Castaneda

Street Address (P.O. Box Number is Not Acceptable): 1429 Plunkett St

Suite, Apt. #, Etc.:

City: Hollywood State: FL Zip Code: 33020

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: 1-15-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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.	Castaneda, Herman	1429 Plunkett St	Hollywood, Fl 33020

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: _____ 1-15-03 (954) 923-5940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/24

H.C. unlimited
1429 Plunkett ST
Hollywood, Fl 33020

January 15, 2003.

FLORIDA DEPARTMENT OF STATE.
Division of Corporations
Annual Report Division
P.O. Box 6327
Tallahassee, Fl 32314.

ATT: Katherine Harris
Secretary of State.

Re: H.C. unlimited
2002-2003 Business Report.
Document # P95000026277.

THIS letter is in Reference of H.C. unlimited Inc. TO INFORM THAT I HAVE NOT RECEIVED THE ANNUAL REPORTS Possibly DUE TO THE change of address, Therefore I'am enclosing the check of $100.00 FOR THE ANNUAL REPORTS. I DO HOPE THAT YOU CAN TAKE CARE OF THIS MATTER, AND A REINSTATEMENT CAN TAKE PLACE FOR THIS CORPORATION. THANK YOU.

Corporately.

Herman Castanoda
Company PD.