| PLEASE READ | ALL INSTRUCTIO | NS BEFORE C | OMPLETING | G THIS FORM. | (1 | |
|---|--|--|---|--|---|--|
| APPLICATION REINSTATEMENT | FLORIDA DEPART Kathering Secretary | A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS | | SECRETARY OF STATE | | |
| OCUMENT # P9500 Corporation Name | 0044523 | INFORM TIONS | • | 00 NOV 17 PM | 3: 36 | |
| &O UNLIMITED, INC. | Mailing Address | | - | | | |
| 9 BRANDON TOWN CENTER 69 BRANDON TOWN CENTER 69 BRANDON FL 33511 BRANDON FL 33511 | | | | | | |
| Above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida 06/01/1995 | | | |
| uite ADI # etc. 21384 UNIVERSITY N TAMPA FI | City & State | 5. FEI Numb | | 59-3326922 | Applied For Not Applicable 5 Additional Fee required | |
| Names and Street Addresses of Each Officer and | | Country | | STATUS DESIRED Z | or a Certificate of Status | |
| Title(s) Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | | |
| C HEISLER, STEVEN | | 4711 S HIMES AVE #105 /909 | | TAMPA FL 33611 | | |
| P. YILMAE, TUGRIL | 7610 RIVE | 7610 RIVERCOURSE DR | | TAMPA FL 33837 | | |
| | | | 501 | 0003 4 88 -12/05/000 ****158.75 | 435 | |
| | | ` | | K | 1/2/1 | |
| 8. Name and Address of Current | Registered Agent | Name | 9. Name and Add | ress of New Registered | Agent | |
| HEISTER, STEVEN 4711 S HIMES AVE #1909 | - · | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TAMPA FL 33611 | City | City State Zip Code | | | | |
| D. I, being appointed the registered agent of the abgrature of egistered Agent | ove named corporation, am factorial for the control of the control | Mar with and accept the ob | oligations of Section | 607.0505, F.S. Date | /ov | |
| I certify that I am an officer or director or the rece this reinstatement application, the reason for disc owed by the corporation have been paid and the on this application is true and accurate, and my s | solution has been eliminated, the names of individuals listed on t | e corporate name satisfies this form do not qualify for a | the requirements of an exemption under | section 607.0401 or 617.0 | 401, F.S., that all fees | |
| SIGNATURE: SIGNATURE AND TYPED OR PE | Land Signing OFFICE | FOR DIRECTOR | Eislen | 11/9/01 Date | \$13- \$3 5-0 | |

975-/983

7-60 UNLinited Inc 813-835-0595 975-1983 I did NOT PEGEVE SENEWAL FORM. PRINCIPAL place of bussiness Adress is incornect therefore I did tot Just l'Écrevel ternation letter CAST Week. I Spoke to a l'Epresentative on the phone 6 he told me to Explain My SITUALICE
Check FOR \$150.00
+8.75 FOR CERT of Status
Mon. Hels. Wislow My Situation & Sevel A