PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 HAY 22 AM 9: 29 145,0000 S4102 DOCUMENT # 1. Corporation Name SECRETARY EYATE TALLAMASSEL FLORIDA Unlimited, Inc 101 North Orean Druce # 200A 400002548154--6 -06/04/93--01096--008 ***1050.00 ***1050.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date incorporated or Qualified To Do Business in Florida 7-14-95 Suite, Apt #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 1589 NW 121 DV. REINSTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MILLE GINELSUNG Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 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 __ REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No M Dept. of Revenue under \$/199.032, Florida Statutes. Yes L 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. 5-13-98 954-927-2409 SIGNATURE: * BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR