PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 10 PM 1:47

DOCUMENT # p95000069622

1. Corporation Name

Unlimited Fromz, Inc

Principal Place of Business	Mailing Address
3884 Tampa Road Oldsmar, FL 34677	107 Hillcrest Dr. Safety Harbor, FL 34695

REINSTATEMENT 00-01

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
	107 Hillcrest Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Safety Harbor FL
Zip / Country	Zip: 34695 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/6/95

5. FEI Number: 59 3347765 — 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Leo Ouellette	7446 Donagel Dr.	New Port Richey, FL 34653
VPO	Paul Young	107 Hillcrest Dr.	Safety Harbor, FL 34695

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****900.00 ****900.00

5/5/23

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Jawdat Rabaii 1358 S. Missouri Ave Clearwater, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E081 (12/98)

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 _____ Date 5/7/01
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

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.

SIGNATURE: _____ V.P. 5/7/01 7275425971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #