

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000102075

1. Corporation Name

UNLIMITED REAL ESTATE INVESTMENT CORPORATION

Principal Place of Business

229 MANGO COURT
DAVENPORT FL 33837

Mailing Address

229 MANGO COURT
DAVENPORT FL 33837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1996

5. FEI Number

59-3415528

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	4. City / State / Zip
D	LAMBERT, MICHAEL E	229 MANGO COURT	DAVENPORT FL 33837
D	BUCKINGHAM, RONALD P	229 MANGO COURT	DAVENPORT FL 33837

REINSTATEMENT 99 11 TS

300003038973--5
-11/03/99--01009--030
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUCKINGHAM, RONALD P
229 MANGO COURT
DAVENPORT FL 33837

Name

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

Suite, Apt. #, Etc.

City

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*****8.75 *****8.75

FL

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-28-99

11. 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:

[Signature]
V. REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald P. Buckingham

10-28-99 941-424-8775
Date Daytime Phone #