

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 APR 22 AM 11:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000002689

1. Corporation Name
THE RESOURCE COMPANY UNLIMITED

Principal Place of Business Mailing Address
~~6885 S.W. 58th Place -~~
~~South Miami, Florida 33143~~

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

2. New Principal Office Address, If Applicable
6885 S.W. 58th Place
 Suite, Apt. #, etc.
 City & State
South Miami, FL 33143
 Zip Country
33143 Dade

3. New Mailing Office Address, If Applicable
 - same -
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
January 1997

5. FEI Number
65-0716992

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
P/D	WAYNE DARREN HOSANG	6885 S.W. 58TH PLACE	SOUTH MIAMI, FL 33143
			500002815045--1 -04/27/99--01044--008 ***150.00 ***150.00
			500002815045--1 -03/23/99--01039--001 ***150.00 ***150.00
			500002815045--1 -04/27/99--01044--007 ***150.00 ***150.00

REINSTATEMENT 4/8-99
 TS 4/22/99

8. Name and Address of Current Registered Agent

Gemma A. Delossantos-HoSang
 6885 S.W. 58th Place
 South Miami, Florida 33143

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
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

 REGISTERED AGENT MUST SIGN

Date **3/31/99**

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)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 305/665-4511
 Date Daytime Phone #

CR2081/2-98