

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074101

1 Corporation Name
Om Unlimited, Inc.

Principal Place of Business Mailing Address
103 Cedar Court Same
Jupiter FL 33458

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/22/97

5. FEI Number

65-0776646

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
PST, V	Mary Holroyd	103 Cedar Court. Pres	Jupiter FL 33458

8. Name and Address of Current Registered Agent

Mary Holroyd
103 Cedar Court
Jupiter FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mary Holroyd
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/97

Date

561-741-7128
Daytime Phone #

**Om Unlimited, Inc.
103 Cedar Court
Jupiter FL 33458**

October 6, 1999

Department of State
Division of Corporations - Reinstatement Office
P.O. Box 6327
Tallahassee FL 32314

RE: Om Unlimited, Inc.
Document #P97000074101

To Whom It May Concern:

Enclosed is the Application for Reinstatement for Om Unlimited, Inc. Along with a check for \$300 which represents the Annual Report Fee and the Corporate Supplement Fee for 1998 and 1999. Per the attached printout from the Division of Corporation the corporation was dissolved by the state 10/16/98.

At this time we respectfully request that the corporation be reinstated without the reinstatement fee. The reason for this request is that I, Mary Holroyd; President did not receive the filing package in 1998. It is my understanding that this package was returned to the Division of Corporations. Since it was a new corporation and the first corporation that I owned I was unaware of the annual filing requirements. At this time I have updated my tickler file to indicate that this form is required annually.

If you have any questions please call me at 561-741-7128 or call my CPA, Kathleen Booth at 561-439-2842. Thank you for your anticipated cooperation.

Respectfully,

Mary Holroyd, President