PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1998-1999 AR

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

DOCUMENT # P97000091465

1. Corporation Name

UNITED UNLIMITED, INC.

Principal Place of Business

8751 W. BROWARD BLVD SUITE 202
PLANTATION, FL. 33324

Mailing Address

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

2. New Principal Office Address, If Applicable
8751 W. BROWARD BLVD
Suite, Apt. #, etc
SUITE 202
City & State
PLANTATION, FL
Zip 33324 Country USA

3. New Mailing Office Address, If Applicable
8751 W. BROWARD BLVD
Suite, Apt. #, etc
SUITE 202
City & State
PLANTATION, FL.
Zip 33324 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/97

5. FEI Number 65-0800381 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
V. PRES SECRETARY	ARTHUR REDLER	1803 88TH WAY	CORAL SPRINGS, FL 33071
PRES. TREAS.	WAYNE SILVERMAN	8280 CLEARY BLVD #2814	PLANTATION, FL. 33324

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-02/25/99--01100--009
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name WAYNE SILVERMAN
Street Address (P.O. Box Number is Not Acceptable) 8751 W BROWARD BLVD SUITE 202
Suite, Apt. #, Etc SUITE 202
City PLANTATION State FL Zip Code 33324

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 Wayne Silverman Date 2/8/99
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: Wayne Silverman 2/8/99 954-476-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #