

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000017602**

1. Corporation Name

UNLIMITED POTENTIALS, INC.

Principal Place of Business

**3242 MARY STREET
S-211
MIAMI FL 33133**

Mailing Address

**3242 MARY STREET
S-211
MIAMI FL 33133**

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

02/24/1998

5. FEI Number

65-0818657

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	PEREZ, MIGDALIA	3242 MARY STREET	MIAMI FL 33133
VTD	MELENDEZ, EMILIO	3242 MARY STREET	MIAMI FL 33133

**800025810668
12/29/03--01038--025 **750.00**

8. Name and Address of Current Registered Agent

**PEREZ, MIGDALIA
13845 NW 20 ST
HOLLYWOOD FL 33028**

9. Name and Address of New Registered Agent

Name

Same Name / Different Address

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

3242 Mary St S-211

Suite, Apt. #, Etc.

S-211

City

miami

State

FL

Zip Code

33133

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. or 617.0505, F.S.

Signature of
Registered Agent

Migdalía Pérez
REGISTERED AGENT MUST SIGN

Date **12-10-03**

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:

Migdalía Pérez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-10-03**
Daytime Phone #