

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine H. Sawyer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 15 PM 4:38

DOCUMENT # P98000090658

1. Corporation Name

UNMANNED, INC.

Principal Place of Business

2427 NOBILITY AVE.
MELBOURNE FL 32937

Mailing Address

2427 NOBILITY AVE.
MELBOURNE FL 32937

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3541083

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Darren Houle	2427 Nobility Ave.	Melbourne, FL 32934

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOULE, DARREN
2427 NOBILITY AVE.
MELBOURNE FL 32937

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

Darren Houle
REGISTERED AGENT MUST SIGN

Date

10/26/99

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:

Darren Houle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/99

407-434-5542

UnManned, Inc.

2427 Nobility Ave.
Melbourne, FL 32934

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October 26, 1999

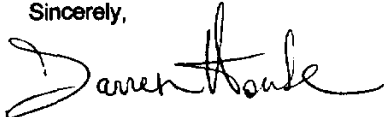
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Recently I received from your office a notice of administrative dissolution for UnManned, Inc. because of a failure to file my annual report. This was puzzling to me because I had indeed filed and had a cancelled check to show payment was made to your office. After contacting your office to find out what happened I was informed that your office sent out a letter requesting corrections – that I had not listed officers. I never received that letter, otherwise I would have resubmitted it as soon as I received it.

I have been directed by a representative of your office to send in this letter of explanation along with the reinstatement form. Please let me know if there's anything else I can do to correct this problem and expedite the reinstatement of my company.

Sincerely,



Darren Houle
President, UnManned, Inc.