

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -6 AM 9: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024507

1. Corporation Name

South Florida Unlimited Services, Inc.

2. Principal Office Address - No P.O. Box #

416 NW 58 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 260190

Suite, Apt. #, etc.

City & State

Miami-Dade, FL

City & State

Miami-Dade, FL

Zip

33126

Country

Zip

33126

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/17/1999

5. FEI Number

65-0903206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Yosvany Acosta

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

6430 SW 25 ST

Suite, Apt. #, Etc.

City

Miami-Dade

State

FL

Zip Code

33155

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/26/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Humberto J. Hidalgo	52 NW 58 AVE	Miami-Dade, FL 33126
VP	Yosvany Acosta	6430 SW 25 ST	Miami-Dade, FL 33155

10. 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 contained in Chapter 119, 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

12/26/08

Date

786-413-4340

Daytime Phone #