

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.

600139697816  
01/06/09--01019--024 \*\*908.75

**REINSTATEMENT** 03-08

2. Principal Office Address - No P.O. Box #  
416 NW 58 AVE

3. Mailing Office Address  
P.O. Box 260190

Suite, Apt. #, etc.

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 Zip Code  
FL 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: Yosvany Acosta  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/08  
Date

786-413-4340  
Daytime Phone #