

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary of State

DIVISION OF CORPORATIONS

01 SEP -4 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073500

1. Corporation Name  
UNLIMITED COMMUNICATION SERVICE INC  
934 NW 52 ST  
Pompano Beach FL 3306

2. Principal Office Address

595 E SAMPLE RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/18/97

5. FEI Number

65-0944952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

0001

**7. Name and Address of Current Registered Agent**

Name

MOHAMMAD H. RASHID

500004579315-0

-09/11/01--01001--013

\*\*\*308.75 \*\*\*308.75

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

934 N.W. 52ND ST. POMPA NO BECH.

Suite, Apt. #, Etc.

City

POMPA NO BECH

State

FL

Zip Code

33064

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

Mohammad H. Rashid

Date

August 13/2001

REGISTERED AGENT MUST SIGN

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

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MOHAMMAD H. RASHID

934 N.W. 52ND ST.

POMPA NO BECH 33064

REINSTATEMENT 00-01

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 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:

Mohammad H. Rashid  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

August 13/2001

Daytime Phone #

CR2E081 (9/00)