

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000107444

00 OCT 17 PM 1:58

1. Corporation Name

UNLIMITED FORMS OBJECTIVES INC

Principal Place of Business
8023 CAUSEWAY BLVD.
ST. PETERSBURG FL 33707

Mailing Address

8023 CAUSEWAY BLVD.
ST. PETERSBURG FL 33707

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

12/09/1999

- Suite, Apt. #, etc. _____

Suite, Apt. #, etc.--

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3619110

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)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEROW, JOHN
8023 CAUSEWAY BLVD.
ST. PETERSBURG FL 33707

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code **33707**

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

REGISTERED AGENT MUST SIGN

Date 10-13-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00 7273431272
Date Daytime Phone #

BBI
A PRINTING SOLUTIONS COMPANY

10-13-00

TO: _____ DATE: _____

FROM: _____

SUBJECT: _____

Sirs:

Note we never rec'd
the report (uniform
Business Report)

I called and spoke with
a lady who said send
158.30 with this form
and it will be reprinted

Thank you
Person

PRINTED FORMS
COMMERCIAL PRINTING
LABEL PRODUCTS
ENVELOPES
COMPUTER SUPPLIES
ADVERTISING SUPPLIES

CORPORATE HEADQUARTERS

10950 BELCHER ROAD LARGO, FLORIDA 33777 • P.O. BOX 250 PINELLAS PARK, FLORIDA 33780-0250
PHONE (727) 541-4641