

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S70954**

1. Corporation Name

UNPARALLELED PRODUCTS, INC.

Principal Place of Business

2601 NE 11TH COURT
FT LAUDERDALE FL 33304
US

Mailing Address

P.O. BOX 59
FT. LAUDERDALE FL 33302

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1103 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE 5W

City & State

FT LAUDERDALE FL

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/01/1991

5. FEI Number

65-0276449

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSVT	SCOGNA, ROBIN ANN	2601 NE 11TH COURT	FT LAUDERDALE FL 33304
D	SCOGNA, ROBIN ANN	2601 NE 11TH COURT	FT LAUDERDALE FL 33304
			300002085153--8 -02/12/97--01064--015 ***181.25 ***181.25
			300002085153--8 -02/12/97--01064--016 ***183.75 ***183.75

8. Name and Address of Current Registered Agent

SCOGNA, ROBIN ANN
2601 NE 11TH COURT
FT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

ROBIN ANN SCOGNA

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

2833 OAK PARK CIRCLE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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

Robin Ann Scogna
REGISTERED AGENT MUST SIGN

Date **1/6/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Robin Ann Scogna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

Date

954 523 3656

Daytime Phone #

FILED

97 FEB -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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mwb

CR2E040 (7/95)