


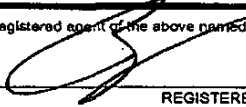
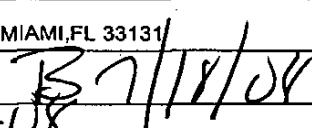
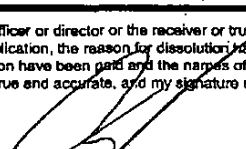
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000003987					
1. Corporation Name <b>UNIEXPRESS, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>1013 CENTRE ROAD</b> Suite, Apt. #, etc.			3. Mailing Office Address <b>1013 CENTRE ROAD</b> Suite, Apt. #, etc.		
City & State <b>WILMINGTON, DE</b>			City & State <b>WILMINGTON, DE</b>		
Zip <b>19805</b>	Country <b>USA</b>	Zip <b>19805</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>7/17/2000</b>	
7. Name and Address of Current Registered Agent				5. FEI Number <b>651016632</b>	
Name <b>VILLANUEVA &amp; BAJANDAS, LLP</b>				Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) <b>1000 BRICKELL AVENUE</b>				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, Etc. <b>200</b>				<input type="checkbox"/> 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.	
City <b>MIAMI</b>		State <b>FL</b>	Zip Code <b>33131</b>		
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  Date <b>5/1/2008</b> 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	
PD	ADRIEN CASTERA	1000 BRICKELL AVENUE, SUITE 200		MIAMI, FL 33131	
S	BAJANDAS, RICARDO	1000 BRICKELL AVENUE, SUITE 200		MIAMI, FL 33131	
<b>REINSTATEMENT 02-08</b> 					
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: 			5/1/2008		(305)377-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Fax Audit Number H08000174478 3

*Page 2/12*

Florida Department of State  
Division of Corporations  
Public Access System

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : RICARDO BAJANDAS, P.A.  
Account Number : 110263002111  
Phone : (305) 377-0809  
Fax Number : (305) 377-0781

**CORPORATION REINSTATEMENT**

**UNIEXPRESS, INC.**

Certificate of Status	0
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Page Count	01
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