

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
96 DEC 23 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J05786

1. Corporation Name  
UNIQUE BUILDERS INTERNATIONAL, INC.

Principal Place of Business

9252 PALM TREE DR  
WINDERMERE FL 34786

Mailing Address

9252 PALM TREE DR  
WINDERMERE FL 34786



REINSTATEMENT 91

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	
				03/25/1986	
Suite, Apt. #, etc. 5750 MAJOR BLVD #360		Suite, Apt. #, etc. 5750 MAJOR BLVD #360		5. FEI Number	
City & State ORLANDO FL		City & State ORLANDO FL		59-2874615	
Zip 32819		Country U.S.A		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$3.75 Additional Fee required for Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PV	RAAD, MAT, T.	9252 PALM TREE DRIVE	WINDERMERE FL

400002039024--7  
-12/27/96--01036--034  
\*\*\*\*375.00 \*\*\*\*375.00

B12-23-96

8. Name and Address of Current Registered Agent

RAAD, MAT, T.  
9252 PALM TREE DR  
WINDERMERE FL 34786

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 [Signature]  
REGISTERED AGENT MUST SIGN

Date 12-18-96

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-96/4673542126  
Date Daytime Phone #