

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009201**

1. Corporation Name

**UNITY INTERNATIONAL FOUNDATION INC.**

Principal Place of Business

Mailing Address

7365 SOUTH WEST 8 STREET  
MIAMI FL 33144

7365 SOUTH WEST 8 STREET  
MIAMI FL 33144



REINSTATEMENT 03

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

12/02/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-307-1512

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAPARRE, BARON	7365 SOUTH WEST 8 STREET	MIAMI FL 33144
VD	VAZQUEZ, OSCAR	8050 NW 8 STREET #201	MIAMI FL 33126
SD	OLMEDO, MANUEL	710 SW 73 COURT	MIAMI FL 33144

800023871188  
10/17/03--01024--004 \*\*245.00

10/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAPARRE, BARON  
7365 SOUTH WEST 8 STREET  
MIAMI FL 33144

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/10/03

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]* BARON DAPARRE, PRESIDENT 305-264-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040(7/03)