

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 NOV 13 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000112235750  
11/13/07--01052--008 \*\*300.00

DOCUMENT # P02000000/044

1. Corporation Name  
**UNIQUE ASSISTED Living  
INC.**

2. Principal Office Address - No P.O. Box #  
**8501 NW 38 ST**

Suite, Apt. #, etc.

City & State  
**Coral Springs FL**

Zip Country  
**33065 Broward**

3. Mailing Office Address  
**8501 NW 38 ST**

Suite, Apt. #, etc.

City & State  
**Coral Spring FL**

Zip Country  
**33065 Broward**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**330997434**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Winsome Moore-Palmer**

Street Address (P.O. Box Number is Not Acceptable)  
**11721 NW 26 ST**

Suite, Apt. #, Etc.

City State Zip Code  
**Coral Springs FL 33065**

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.

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 *Dupal* Date 11/7/07  
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
P	Winsome Moore-Palmer	11721 NW 28 ST	Coral Springs FL 33065

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: *Dupal Winsome Moore-Palmer* Date 11/7/07 Daytime Phone # 954798 1828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR