

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000066830

1. Corporation Name

UNITY SOURCE GROUP, INC.

Principal Place of Business

Mailing Address

2920 SW 27 AVE
MIAMI FL 33131

2920 SW 27 AVE
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

2160 SW 12th ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33135

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2002

5. FEI Number

160701471

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STASULLI, MIRANDA	2920 SW 27 AVE	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STASULLI, MIRANDA
2920 SW 27 AVE
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Miranda Stasulli

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

Miranda Stasulli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

305-644-0544

FILED

03 NOV 26 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900024054069

10/23/03--01075--010 **150.00

CR2E040 (7/03)

2-92

10-15-03

To whom it may Concern:

This letter is to certify that
Unity Source Group Inc. has not
received the two uniform business
report notices sent.

Please see the reinstatement
notice with my new address
and send any documents needed.
If you need to reach me
please call. 305 644 0544

Thank you,

Muaid Stasull

FEI-7607014-7