PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	Sec	PARTMENT enda E, Hoc cretary of Sta N OF CORPORA	અં ate		FILED	132	
DOCUMENT # P0200066830 1. Corporation Name				03 NOV 26 PM 6: 00			
UNITY SOURCE GROUP, INC.				CECKETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
2920 SW 27 AVE 2920 SW 27 AVE MIAMI FL 33131 MIAMI FL 33131			·				
If above addresses are incorrect in any way, line through incorrect information and enter correction below				900024054069 10/23/0301075010 **150,00			
2. New Principal Office Address, If Applicable					Date Incorporated or Qualified		
<u>2/60</u> 5ω /2 ^π 5Τ Suite, Apt. #, etc.	Suite, Apt. #, etc.			To Do Business in Florida 06/14/2002			
City & State	3 State City & State			5. FEI Number Applied For			
Mami FL		- 1 0		76U /		Not Applicable 58.75 Additional Fee required	
33/35 USA	Zip Country			CERTIFICATE	OF STATUS DESIRED	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)							
Title(s) Name of Officers and/or Directors	et Address of Each per and/or Director						
D STASULLI, MIRANDA		2920 SW 27 AVE			MIAMI FL 33131		
	يوس مستموده						
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	,						
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Name							
				P.O. Box Number is Not Acceptable)			
2920 SW 27 AVE MIAMI FL 33131	Suite, Apt. #, Etc.						
MIAMI FL 33131							
City				State 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 Miles I I I I I I I I I I I I I I I I I I I							
Registered Agent Date Date Date							
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

2-82 To whom it may Concern: 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. Please Call. 305 644 0544