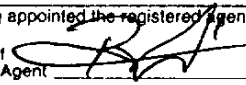



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000063476			
1. Corporation Name America Unique Industries Inc.			
Principal Place of Business 4184 W 11 LANE Hialeah, FL 33012		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 18025 SW 192 ST Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33187		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 7/22/97		Applied For Not Applicable	
5. FEI Number 65-0768847		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	RAUL GARCIA	18025 SW 192 ST	Miami FL 33180
			800002907179--3 -06/17/99--01017--005 ****300.00 ****300.00
			T8
8. Name and Address of Current Registered Agent RAUL GARCIA 4184 W 11 AVE Hialeah FL 33012		9. Name and Address of New Registered Agent Name RAUL GARCIA Street Address (P.O. Box Number is Not Acceptable) 18025 SW 192 ST Suite, Apt. #, Etc. City Miami State FL Zip Code 33180	
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  REGISTERED AGENT MUST SIGN Date 4/26/99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/26/99 305-971-4457 Date Daytime Phone #	

99 JUN -7 PM 3:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E08 1/6/2/98

April 28, 1999

American Unique Industries, Inc.
18025 S. W. 192 St
Miami, FL 33187

Division of Corporations

Att: Certification Reinstatement

PO BOX 6327

Tallahassèe, FL 32302

2

To Whom It May Concern:

Enclosed you will find a check for \$300.00 for the reinstatement of American Unique Industries, Inc. Document # P970000636476. This payment is for the 1998 and 1999 annual report. The reason in which I did not pay this fee the prior year is because I did not receive the annual report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,



Raul Garcia