

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 SEP 28 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049349

1. Corporation Name

UNIPOWER CORPORATION

2. Principal Office Address

3900 CORAL RIDGE DR.

3. Mailing Office Address

3900 CORAL RIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 18, 2000

5. FEI Number

65-0080704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD - TEAM 1

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

Date

9/26/01

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
	SEE ATTACHED FORM		

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 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

MARK HART

Date

9/26/01

Daytime Phone #

(954) 346-2442

CR2E081 (9/00)

281

**Block 9 - Corporation Reinstatement Form**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Charles Palmer	312 S.E. 17th Street, Suite 300	Ft. Lauderdale, FL 33316
P/D	Jose Merino	3900 Coral Ridge Dr.	Coral Springs, FL 33065
S/T/D	Raymond Fleites	312 S.E. 17th Street, Suite 300	Ft. Lauderdale, FL 33316
D	Robert Underwood	135 S. LaSalle Street, Suite 4000	Chicago, IL 60603
D	R. David Bergonia	135 S. LaSalle Street, Suite 4000	Chicago, IL 60603
D	Edward Schneider	3900 Coral Ridge Dr.	Coral Springs, FL 33065
V	Dale Guilford	3900 Coral Ridge Dr.	Coral Springs, FL 33065
V	Mark Hart	3900 Coral Ridge Dr.	Coral Springs, FL 33065
V	Jay Hess	3900 Coral Ridge Dr.	Coral Springs, FL 33065
V	Patrick Hunter	3900 Coral Ridge Dr.	Coral Springs, FL 33065