

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 20 AM 9:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # POL0000037913

1. Corporation Name

Sony's Unique Design INC.

POL0000037913.

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

8405 NW 171 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

8405 NW 171 ST.

Suite, Apt. #, etc.

City & State

HIWALEAH FL

City & State

HIWALEAH FL

Zip

33015

Country

USA.

Zip

33015

Country

USA.

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/14/06

5. FEI Number

16-1755249

☐ 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

BARBARA LIRIANO

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

8405 NW 171 ST

Suite, Apt. #, Etc.

City

HIWALEAH

State

FL

Zip Code

33015

☒ 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**

Barbara Liriano

Date

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
PRES	BARBARA LIRIANO	8405 NW 171 ST	HIWALEAH FL 33015

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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:

Barbara Liriano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #