2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED
05 OCT 25 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006939

1. Entity Name
UNQUA REALTY CORP.

Principal Place of Business	Mailing Address
5330 MERRICK RD MASSAPEQUA, NY 11758	PO BOX 169 MASSAPEQUA PARK, NY 11762

09212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
52 WILLOW RIDGE	52 WILLOW RIDGE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SMITHTOWN NY	City & State: SMITHTOWN NY
Zip: 11787 Country: SUFFOLK	Zip: 11787 Country: SUFFOLK

4. FEI Number: 11-2790967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'AMATO, THOMAS
2638-401 BOLERO DRIVE
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: EILEEN D'AMATO
Street Address (P.O. Box Number is Not Acceptable): 2638-401 BOLERO DRIVE
City: NAPLES FL Zip Code: 34109

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eileen D'Amato 9/26/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD D'AMATO, THOMAS 7 SEACREST DRIVE HUNTINGTON, NY	☑ Delete	PRESIDENT EILEEN D'AMATO 52 WILLOW RIDGE SMITHTOWN NY 11787	☑ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
			700060298657 10/06/05--01040--008 **750.00	
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
			700060298657 11/01/05--01055--014 **150.00	
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen D'Amato 9/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #