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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

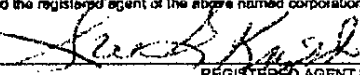
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**CORPORATION REINSTATEMENT
UNIKEN BUSINESS SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2009 DEC 10 PM 4:37 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # F08000005216 1. Corporation Name UNIKEN BUSINESS SOLUTIONS, INC																													
2. Principal Office Address - No P.O. Box # 16302 TURNBURY OAK DR Suite, Apt. #, etc. City & State ODESSA, FL Zip 33556 Country USA		3. Mailing Office Address 16302 TURNBURY OAK DR Suite, Apt. #, etc. City & State ODESSA, FL Zip 33556 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 12/09/2008 5. FEI Number 20-0838620 Applied For Not Applicable																									
7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301-2525				6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee Required for a Certificate of Status ☐ 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. 1. 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:  Date: 12-10-2009 REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DPT</td> <td>PRAKASH SALVI</td> <td>16302 TURNBURY OAK DR</td> <td>ODESSA, FL 33556</td> </tr> <tr> <td>S</td> <td>SANJAY DESHPANDE</td> <td>16302 TURNBURY OAK DR</td> <td>ODESSA, FL 33556</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPT	PRAKASH SALVI	16302 TURNBURY OAK DR	ODESSA, FL 33556	S	SANJAY DESHPANDE	16302 TURNBURY OAK DR	ODESSA, FL 33556												
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S	SANJAY DESHPANDE	16302 TURNBURY OAK DR	ODESSA, FL 33556																										
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 807.0401 or 817.0401, 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: 		PRAKASH SALVI.		12/10/2009																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																									