

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 14 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 42296

1. Corporation Name

Unique Vacations, Inc

2. Principal Office Address

4950 S.W. 72 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

"

City & State

Miami, FL

City & State

"

Zip

33155

Country

Dade County

Zip

Country

"

4. Date Incorporated or Qualified  
To Do Business in Florida

8-27-1981

5. FEI Number

59-2120418

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

Brian MAIR, President

300004746593-2

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

4950 SW 72 Avenue

-01/02/02--01024--028  
\*\*\*\*750.00 \*\*\*\*750.00

Suite, Apt. #, Etc.

2nd Floor

City

Miami

State  
FL

Zip Code

33155

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

(X)

REGISTERED AGENT MUST SIGN

Date

12/13/01

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
PD	MAIR, Brian	4950 SW 72 Ave, 2nd Fl.	Miami, FL 33155
S	Lamanna, Michael	4950 SW 72 Ave, 2nd Fl.	Miami, FL 33155

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: (X)

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/01

Daytime Phone #

305 284-1300