
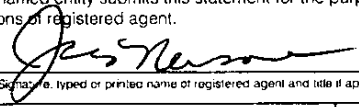
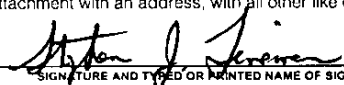


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 OCT 24 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000263					
1. Entity Name UNIQUE INDUSTRIES, INC.					
Principal Place of Business 2400 SOUTH WECCACOE AVENUE PHILADELPHIA, PA 19148			Mailing Address 2400 SOUTH WECCACOE AVENUE PHILADELPHIA, PA 19148		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-1601707	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 			JAMES M. NEWSOME Special Assistant Secretary 10/16/06		
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVAK, CRAIG		NAME	100081252791	
STREET ADDRESS	2400 SOUTH WECCACOE AVENUE		STREET ADDRESS	10/26/06 - 01035- 001	\$158.75
CITY-ST-ZIP	PHILADELPHIA, PA 19148		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVAK, ANN MARIE		NAME		
STREET ADDRESS	2400 SOUTH WECCACOE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19148		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAIKELER, RAYMOND C		NAME		
STREET ADDRESS	2400 SOUTH WECCACOE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVAK, EVERETT		NAME		
STREET ADDRESS	2400 S. WECCACOE AVE		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19148		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINEMAN, STEPHAN J		NAME		
STREET ADDRESS	2400 S WECCACOE AVD		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19148		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			10/16/06 215-336-4300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		