PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
Fax Audit No. H01000109366
01 OCT 24 AM 9:32

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000004943

1. Corporation Name

UNILEADER, INC.

Principal Place of Business	Mailing Address
C/O ROSENDO ROCHE 2401 DOUGLAS ROAD MIAMI FL 33145	C/O ROSENDO ROCHE 2401 DOUGLAS ROAD MIAMI FL 33145

01

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/1999

5. FEI Number: 65-0947402 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	ROCHE, ROSENDO	3191 CORAL WAY, SUITE 624	MIAMI FL 33145
VD	SOMAN, ROGER	3191 CORAL WAY, SUITE 624	MIAMI FL 33145
~~D~~	~~ARRACHEA, JAVIER~~	~~3191 CORAL WAY, SUITE 624~~	~~MIAMI FL 33145~~
CD	PECCENINI, LUIGI	TORRE MAPFRE, MARINA, 16-18, 18T	BARCELONA 08005, SPAIN

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALVAREZ, VICTOR M 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AD

Signature of Registered Agent _____ Date 10-23 01
REGISTERED AGENT MUST SIGN

11. 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: _____ 10-19-01 305 447 9735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000109366 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : WHITE & CASE
Account Number : 075410002143
Phone : (305)371-2700
Fax Number : (305)358-5744

CORPORATION REINSTATEMENT

UNILEADER, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75

File by 1545806
0002
ATTN: M. WAGONER