Fax Audit No. H03000304377

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004943

1. Corporation Name
UNILEADER, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
2401 Douglas Road	200 S. Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 4900
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33145 / US	33131 / US

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. Name and Address of Current Registered Agent

Name: Victor M. Alvarez

Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 4900

City: Miami | State: FL | Zip Code: 33131

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: _____ Date: 10/24/2003
REGISTERED AGENT MUST SIGN

CR2E031 (11/02)

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
PSTD	Roche, Rosendo	2401 Douglas Road	Miami, FL 33145
VD	Soman, Roger	2401 Douglas Road	Miami, FL 33145
CD	Peccenini, Luigi	2401 Douglas Road	Miami, FL 33145

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: _____ Roger Soman, VP _____ 305-774-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

UNILEADER, INC.

Certificate of Status	0
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ATTN: M. WAGONER