

Fax Audit No. H03000304377

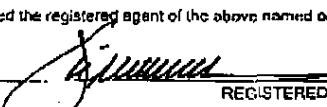
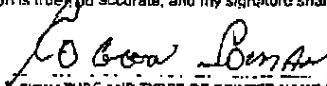
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000004943					
1. Corporation Name UNILEADER, INC.					
2. Principal Office Address 2401 Douglas Road			3. Mailing Office Address 200 S. Biscayne Blvd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 4900		
City & State Miami, FL			City & State Miami, FL		
Zip 33145	Country US	Zip 33131	Country 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					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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 110.07(3)(b), 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: 			Date 10/24/2003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Roger Soman, VP			Daytime Phone # 305-774-1213		

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

UNILEADER, INC.

Certificate of Status	0
Certified Copy	0
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