

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:38

DOCUMENT # F9900006456

1. Corporation Name

UNIPRO, INC

2. Principal Office Address

4608 Westford Circle

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33624

Country

3. Mailing Office Address

4608 Westford Circle

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33624

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-14-99

5. FEI Number

22-3296652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

SAM HALABY

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

4608 Westford Circle

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

500004677585-9

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****758.00 ****758.00

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

REGISTERED AGENT MUST SIGN

Date

10/30/01

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
DPFS	Sam Halaby	4608 Westford Circle	TAMPA FL 33624

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Halaby

Date

813-968-2894

Daytime Phone #

CR2E001 (9/00)