

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 22 PM 3:50  
SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **G 53244**

1. Corporation Name

**Unique Solutions, Inc**

2. Principal Office Address

**10001 NW 50th St.**

3. Mailing Office Address

Suite, Apt. #, etc.

**#111**

Suite, Apt. #, etc.

**#111**

City & State

**Sunrise FL**

City & State

**Sunrise FL**

Zip

**33351**

Country

**USA**

Zip

**33351**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/08/1983**

5. FEI Number

**59 232 4318**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**BETH KATZ**

**300055195483**

**05/24/05--01065--019 \*\*758 75**

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

**10001 NW 50th STREET**

Suite, Apt. #, Etc.

**#111**

City

**Sunrise**

State

**FL**

Zip Code

**33351**

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

**Beth Katz**  
REGISTERED AGENT MUST SIGN

Date **4/20/05**

**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
P/D	BETH KATZ	10001 NW 50th St #111	Sunrise FL 33351
D/S	PETER KATZ	10001 NW 50th St #111	Sunrise FL 33351

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:

**Beth Katz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/20/2005**

Daytime Phone #

**954 747 1919**

CR2E061 (01/05)

282

**UNIQUE SOLUTIONS, INC.**  
10001 NW 50<sup>th</sup> Street Suite 111  
Sunrise, FL 33351  
(954) 747-1919 OFFICE ~ ~ Fax (954) 747-5399

Document number G53244

April 20, 2005

Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

Dear Sir/Madame:

We are asking that the reinstatement fee for the above captioned corporation be waived due to non-receipt of notices.

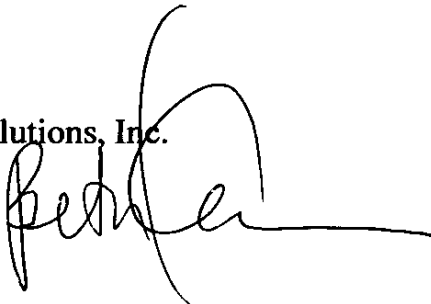
We had no intention of dissolving the corporation and plan to remain active.

I am enclosing a check, number 6184, in the amount of \$858.75 to cover the cost of fees for the years in question and am also requesting a Certificate of Status be sent at this time.

Thank you in advance for your attention to my request.

Sincerely,  
Unique Solutions, Inc.

Beth Katz  
President

A handwritten signature in black ink, appearing to read 'Beth Katz', is written over the printed name and title.