

10/11/04 01054 003 *158.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H84100**

1. Corporation Name

Unison Services, Inc
6187 NW 167 St H-28
Miami, FL 33015

2. Principal Office Address

6187 NW 167 St H-28

Suite, Apt. #, etc.

City & State

Miami, FL 33015

Zip

Country

3. Mailing Office Address

Same as

Suite, Apt. #, etc.

City & State

Same as

Zip

Country

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

5. FEI Number

59-2587317

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

Leopoldina Camacho

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

18882 NW 77 Ct.

Suite, Apt. #, Etc.

City

Miami

800043209688

12/06/04--01015--013 **\$00.00

Replacement

\$400.00

000041781250

10/26/04--01093--024 **\$600.00

State

FL

Zip Code

33015

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
OPD	Leopoldina Camacho	18882 NW 77 Ct Miami, FL 33015	
V	Roberto Quinones	18853 NW 77 Ct Miami, FL 33015	
ST	Sahyli Leon	8851 NW 119 St #1114 Dialah FL 33018	penk
			000041781250 10/11/04--01054--003 **158.75
			STATEMENT 04

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/04

Date

305-829-0000

Daytime Phone #

CR2E081 (01/04)