

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # J15568

07 NOV 30 AM 8:45

1. Corporation Name

UNICO ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

fy 12-4-07

2. Principal Office Address - No P.O. Box # 1400 NW 96th Avenue		3. Mailing Office Address 1400 NW 96th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33172	Country USA	Zip 33172	Country USA

CR2E081 (1/07)

REINSTATEMENT
Date Incorporation Qualified To Do Business in Florida **09/19/2008**

03-07

F. FEI Number 592692107	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$2.75

7. Name and Address of Current Registered Agent

Name
Lowell M. Goode

Street Address (P.O. Box Number is Not Acceptable)
6330 SW 41 Court

Suite, Apt. #, Etc.

City
Davie

State
FL

Zip Code
33314

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Lowell M. Goode CPA Date: 11/27/07
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
P	Hassain Issa	10135 SW 124 Street	Miami, FL 33172
V	Fatima Issa	10135 SW 124 Street	Miami, FL 33172

300112730019
11/30/07--01049--019 **300.00

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 contained in Chapter 119, 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: HASSAIN ISSA Date: 11-27-07 Daytime Phone: 305 967 4242
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)