

850-668-3398

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 MAR 15 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001174			
1. Entity Name UNIPROJECT, LC			
Principal Place of Business 1333 N. DUVAL ST. TALLAHASSEE, FL 32303		Mailing Address 1333 N. DUVAL ST. TALLAHASSEE, FL 32303	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Ste. 302, East Bldg. No. 34/20 Cuba Ave & 34 th Street Panama S, Republic of Panama Zip Country		Suite, Apt. #, etc. 1220 N. Market Street Suite 808 Wilmington, DE 19801 City State Zip Country	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N. DUVAL ST. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE 3/15/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WORLD FUND, INC. SUITE 302 EAST BUILDING #34/20 CUBA AVE. PANAMA CITY 5, PANAMA.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAR GROUP FINANCE & HOLDINGS, INC. SUITE 302 EAST BUILDING #34/20 CUBA AVE. PANAMA CITY 5, PANAMA.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100048413251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u>		Attorney-In-Fact of Member 3/15/05 302-421-575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

REINSTATEMENT

2004-2005

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

FILED
05 MAR 15 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 03-15-05

NAME: uniproject, lc

BK

TYPE OF FILING: REINSTATEMENT

COST: \$200

RECEIVED
05 MAR 15 AM 10:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

[Handwritten signature]