

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:33

CR2E041 (1/07)

**DOCUMENT #** L04000060046

**1. Limited Liability Company's Name**

Uunic LLC

**2. Principal Office Address - No P.O. Box #**

370 San Lorenzo Ave.

Suite, Apt. #, etc.

Suite 2430

City & State

Coral Gables, FL

Zip

33146

Country

US

**3. Mailing Office Address**

370 Lorenzo Ave.

Suite, Apt. #, etc.

Suite 2430

City & State

Coral Gables, FL

Zip

33146

Country

US

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

201402458

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

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

Name

de Saint Vincent Thi Baud

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

485 Woodcrest Road

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

☒ A \$100 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 \$100  
reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

Thi Baud

REGISTERED AGENT MUST SIGN

Date 2-8-2007

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Uunic SARL	104 Rue d'Antibes	Cannes FRANCE 06400
MGRM	Connexion inc	260 Crandon blvd # B48	Key Biscayne FL 33149

400089029484

02/08/07--01007--010 \*\*205.00

REINSTATEMENT 06-07

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Thi Baud

Date 2-8-2007

Daytime Phone # 305 491 1984

Typed or printed name of signing Managing Member/Manager

Thi Baud de SAINT VINCENT (CONNEXION INC)