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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY REINSTATEMENT

UNIFIED TECHNOLOGY GROUP, LLC

Certificate of Status	0
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T. Hampton NOV 21 2007

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000072038

1. Limited Liability Company's Name
Unified Technology Group. LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9737 NW 41 ST	9737 NW 41 ST
Suite, Apt. #, Etc. 187	Suite, Apt. #, etc. 187
City & State Miami, FL	City & State Miami, FL
Zip 33178 County USA	Zip 33178 County USA

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 7/22/05

6. FEI Number 20-3186459 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Klein Mendez & Rothbard. LLC

Street Address (P.O. Box Number is Not Acceptable): 8370 West Flagler ST

Suite, Apt. #, Etc. 234

City: Miami State: FL Zip Code: 33144

☑ 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: Eduardo Mendez Date: 11/8/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Jorge Gimenez	9737 NW 41 st, ST	Miami, FL. 33178
MGR	Ninoska Hernandez	9737 NW 41 st. ST	Miami, FL 33178
		REINSTATEMENT 2006,2007	

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 location (or dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all taxes 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: Date: 11/8/07 Daytime Phone #: 305-487-3377

Typed or printed name of signing Managing Member/Manager: Jorge Gimenez Manager

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