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To:

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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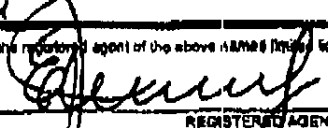
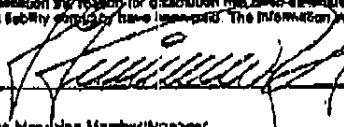
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000072038			
9. Limited Liability Company's Name Unified Technology Group LLC			
2. Principal Office Address - No P.O. Box # 9737 NW 41 ST		3. Mailing Office Address 9737 NW 41 ST	
Suite, Apt. #, etc. 187		Suite, Apt. #, etc. 187	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	Zip 33178	Country 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 ☐ See Instructions for Filing this Form			
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			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, 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 Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jorge Gimenez	9737 NW 48 ST, ST	Miami, FL 33178
MGR	Ninoska Hernandez	9737 NW 48 ST, ST	Miami, FL 33178
REINSTATEMENT 2006-2007			
11. I certify that I am managing Member/manager or I've received or business empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for disqualification 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 included 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: 305-487-9377 Typed or printed name of signing Managing Member/Manager: Jorge Gimenez Manager			

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