

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

59 JUN -2 PM 1:22

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L34037

1. Corporation Name

Unique Impression
a place for Printing Inc.

Principal Place of Business

Mailing Address

1399 S.E. 9th Avenue
Hialeah FL 33010

200002902032--6

-06/11/99--01062--003

***1861.25 ***1861.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0186868

Applied For

Not Applicable

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	GARBALOSA, GUSTAVO ADOLFO	14350 LEANING PINE DRIVE	MIAMI LAKES, FL 33014
D/VP	PLATT, KENNETH EUGENE	3811 RIVIERA DRIVE	CORAL GABLES, FL 33134

8. Name and Address of Current Registered Agent

GARBALOSA, GUSTAVO ADOLFO
1399 S.E. 9TH AVENUE
HIALEAH, FL 33010

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gustavo Garbalo

REGISTERED AGENT MUST SIGN

Date 6-7-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Gustavo Garbalo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-99

Date

(305) 824-1033

Daytime Phone #

CR2E081 (12/98)