

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 21 PM 2:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L64196**

1. Corporation Name

UNIQUE CONSTRUCTION & REALTY, INC.

Principal Place of Business

Mailing Address

100 CESSNA BLD.
 STE. I
 DAYTONA BEACH FL 32124
 US

100 CESSNA BLVD.
 STE. I
 DAYTONA BEACH FL 32124
 US

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



REINSTATEMENT *OB*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/06/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3003563

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	SMITH, JAMES H.	1890 ROYAL LYTHAN CT. 100 CESSNA BLVD SUITE I	DAYTONA BEACH FL

200002725682--3
 -12/29/98--01093--022
 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, JAMES H.
 1890 ROYAL LYTHAN CT.
 DAYTONA BEACH FL 32124

Name **Smith James H**
 Street Address (P.O. Box Number is Not Acceptable)
100 CESSNA BLVD
 Suite, Apt. #, Etc.
Suite I
 City **Daytona Beach** State **FL** Zip Code **32124**

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **12-17-98**

11. This corporation owes or has paid 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 fees 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: **JAMES H. SMITH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-17-98** Daytime Phone # **904 767-2615**

CR2E040 (8/98)