

H07000208232-3  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC 12 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M68610

1. Corporation Name

UNIPRINT INCORPORATED

2. Principal Office Address - No P.O. Box # <b>13299 SW 124 STREET</b>		3. Mailing Office Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33186</b>	Country <b>MIAMI-DADE</b>	Zip	Country


CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida		02/17/1988	
5. FEI Number		65-0031141	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name RUDYARD KAMICKA			
Street Address (P.O. Box Number is Not Acceptable) 13299 SW 124 STREET			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33186

☒ The 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 reinstatement fee be waived.

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 12/12/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RUDYARD KAMICKA	13950 SW 147 STREET	MIAMI, FL 33186
VPD	MICHELE MCDONALD	13776 SW 145 TERRACE	MIAMI, FL 33186
REINSTATEMENT		1207	
RH			

10. 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 contained in Chapter 119, 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.

H07000298332 3  
 SIGNATURE: [Signature] 12/12/2007 305 255-4287  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

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

**CORPORATION REINSTATEMENT**

**UNIPRINT INCORPORATED**

Certificate of Status	0
Certified Copy	0
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