2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 31 AM 9:09

DOCUMENT # M91859

1. Entity Name
UNIFORM AUTHORITY, INC.

Principal Place of Business	Mailing Address
999 NW 159 DR MIAMI, FL 33169 US	999 NW 159 DR MIAMI, FL 33169 US

12192007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11925 S.W. 88 Court	11925 S.W. 88 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33176 Country: U.S.A.	Zip: 33176 Country: U.S.A.

4. FEI Number: 65-0065877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAREA, EDUARDO
7141 LAGO DR EAST (COCOPLUM)
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name: Ross R. Hartog, Esq.
Street Address (P.O. Box Number is Not Acceptable): 9130 South Dadeland Boulevard, Suite 1225
City: Miami FL Zip Code: 33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 12/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAREA, EDUARDO 7141 E LAGO DR, COCOPLUM CORAL GABLES, FL 33143	☒ Delete	P Efrain Valdes, Jr. 11925 S.W. 88 Court ~~Miami, Florida 33176~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BAREA, LELAINE 7141 EAST LAGO DR, COCOPLUM CORAL GABLES, FL 33143	☒ Delete	100113517221 12/31/07--01018--024 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/26/07 (305) 670-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #