

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 OCT 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M97000000201

**1. Limited Liability Company's Name**

UNM, L.L.C.

**REINSTATEMENT** 2000

**2. Principal Office Address**

280 Windsor Highway

Suite, Apt. #, etc.

City & State

New Windsor, NY 12553

Zip 12553

Country  
USA

**3. Mailing Office Address**

280 Windsor Highway

Suite, Apt. #, etc.

City & State

New Windsor, NY

Zip

12553

Country  
USA

**4. State/Country of Formation**

NY

**5. Date Organized or Qualified  
To Do Business in Florida**

4/17/97

**6. FEI Number**

14-1797496

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name HIQ CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
526 EAST PARK AVENUE,

Suite, Apt. #, Etc.

200

City TALLAHASSEE

State  
FL

Zip Code  
32301

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*By: Katherine Harris, Secretary of HIQ*

REGISTERED AGENT MUST SIGN

Date

10/20/00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Joseph A. Cilento	280 Windsor Highway	New Windsor, NY 12553 300003456213-9 -11/07/00--01123--021 *****150.00 *****150.00
			300003456213-9 -11/07/00--01123--022 *****5.00 *****5.00

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution 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 indicated 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

*Joseph A. Cilento*

Date 10-19-00

Daytime Phone # -845-561-7770

Typed or printed name of signing Managing Member/Manager

Joseph A. Cilento