APPLICATION FOR ~~REINSTATEMENT~~

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

FILED

02 JAN -7 PM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004873**

1. Corporation Name

THE UNIPLEX FOUNDATION, INC.

2001-2002 UBP

Principal Place of Business	Mailing Address
848 BRICKELL AVE., SUITE 1120 MIAMI FL 33131	848 BRICKELL AVE., SUITE 1120 MIAMI FL 33131

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

2. New Principal Office Address, If Applicable 21 SE 1st Ave	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/21/2000
Suite, Apt. #, etc. 5th Floor	Suite, Apt. #, etc.	5. FEI Number ___ X Applied For ___ Not Applicable
City & State Miami, Fl	City & State	
Zip 33131 / Country USA	Zip / Country	6. CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status

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

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*****70.00 *****70.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VASCONEZ, WASHINGTON	21 SE 1st Ave	MIAMI FL 33131
D	ARTEAGA, ROSALIA	21 SE 1st Ave	MIAMI FL 33131
D	ALEXANDER, LESLIE	21 SE 1st Ave	MIAMI FL 33131
D	TAYAH, WADIH B	21 SE 1st Ave	MIAMI FL 33131
D	ZURITA, CECILIA	21 SE 1st Ave	MIAMI FL 33131
D	RICHERS, AMADEUS	21 SE 1st Ave	MIAMI, FL 33131

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEONARD WHAN 9153 FONTAINBLEAU BLDG 6 MIAMI, FL 33131	Name LEONARD WHAN Street Address (P.O. Box Number is Not Acceptable) 10505 NW 43rd TERRACE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33178

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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 11/27/01

11. 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: _SIGNATURE REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/27/01   Daytime Phone # 305 321-7070

CR2E040 (8/01)

The Uniplex Foundation, Inc.

January 03, 2001

Via Mail Delivery
(850) 245-6096

Division of Corporations
Annual Report/ Reinstatement Section
Tallahassee, Florida

Reference: Application for Reinstatement 2001 and 2002

To Whom It May Concern:

We received your letter regarding the Application for Reinstatement 2001. We would like to request that you please re-consider again our application 2001, 2002 and please let us qualify for this year. Due to the fact that it was mailed to the wrong address, we did not receive any notice from you until now. Therefore, we would like the late fee to be waved. We would appreciate any assistance or direction you can provide us with regard to this matter.

Please let me know the status of this request at your earliest convenience.

Should you need any additional information, please contact me at (305) 858-6700, Ext.216

Thanking you in advance for your prompt attention to this matter.

Most cordially yours,

Xiomara Florez
Comptroller Assistant