

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 18 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009436

1. Corporation Name

Unity Coalition of Miami-Dade, Inc.

2. Principal Office Address

1895 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33129

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/09/2002

5. FEI Number

371456258

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Saul "Ron" Brenesky

Street Address (P.O. Box Number is Not Acceptable)

1895 SW 2nd Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33129

200082583922

12/18/06--01005--012 ***38.75

8. 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

Saul Brenesky

Date 12/14/2006

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	Saul Brenesky	1895 SW 2nd Avenue	Miami, Florida 33129
VPD	Heriberto Sosa	1895 SW 2nd Avenue	Miami, Florida 33129
TD	Dahlia Canes	1895 SW 2nd Avenue	Miami, Florida 33129
SD	Oscar C. Aguilar	1895 SW 2nd Avenue	Miami, Florida 22`19

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.

SIGNATURE:

Saul Brenesky

12/14/2006

786-356-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18
ao