

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NA4000003591**

1. Corporation Name

UNIQUE CULTURAL VARIATINS COMMUNITY  
DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

4001 N.W. 189 Terrace  
Miami, Florida 33055

(Same mailing address)

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 21, 1994

5. FEI Number

65-0507929

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Cynthia Stafford	3575 N.W. 80 Street	Miami, FL. 33147
P/D	Samaki B. Variety	4001 N.W. 189 Terrace	Miami, Florida 33055
C/D/T	Marcia Cummings	5136 Biscayne Boulevard	Miami, Florida 33137
D	Mattie Phillips	3310 N.W. 174 Street	Miami, Florida 33056

8. Name and Address of Current Registered Agent

Marcia Cummings  
5136 Biscayne Boulevard  
Miami, Florida 33137

9. Name and Address of Current Registered Agent

Name **Ilene Temchin** \*\*\*306.25 \*\*\*306.25  
Street Address (P.O. Box Number is Not Acceptable)  
**1450 Madruga Avenue**  
Suite, Apt. #, Etc. **Suite 302**  
City **Coral Gables** State **FL** Zip Code **33146**

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

*Ilene Temchin*  
REGISTERED AGENT MUST SIGN

Date **July 25, 1997**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Samaki B. Variety*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/97**  
Date

**(305)  
624-5561**  
Daytime Phone #

FILED  
97 JUL 28 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT **aw-97**

CR2E040 (12/96)