
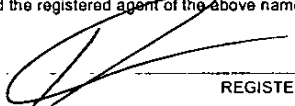
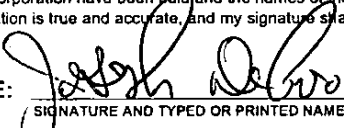


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P900000059115</u>			
1. Corporation Name Unibrands, Inc.			
2. Principal Office Address <u>420 Lincoln Rd</u> <u>169 E. Flagler Street</u>		3. Mailing Office Address <u>420 Lincoln Road</u> <u>169 E. Flagler Street</u>	
Suite, Apt. #, etc. <u>Suite 1700 Suite 220</u>		Suite, Apt. #, etc. <u>Suite 1700 Suite 220</u>	
City & State Miami, Florida		City & State Miami, Florida	
Zip <u>33139</u>	Country USA	Zip <u>33139</u>	Country USA
4. Date Incorporated or Qualified To Do Business in Florida <u>06/19/2000</u>			
5. FEI Number 651018278			Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Phillip M. Hudson III, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard			
Suite, Apt. #, Etc. Suite 400			
City Miami		State FL	Zip Code 33131
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 		Date <u>3/8/05</u>	
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
DP	Joseph Depiro	169 E. Flagler Street, Suite 1700	Miami, Florida 33131
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 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: 		Director	Date <u>11/09/2005</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # <u>305-538-9566</u>

FILED
05 NOV 15 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/22/05--01066--017 **900.00
REINSTATEMENT 04-05
T. Roberts NOV 16 2005

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