

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:15

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000059115

**1. Corporation Name**

UNIBRANDS, INC.

**2. Principal Office Address**

1674 Alton Road

**3. Mailing Office Address**

1674 Alton Road

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

**REINSTATEMENT** 01-03

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

06/19/2000

**5. FEI Number**

651018278

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

Phillip M. Hudson, III

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

80 S.W. 8 Street

Suite, Apt. #, Etc.

Suite 3100

City

Miami

State

FL

Zip Code

33130

**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

REGISTERED AGENT MUST SIGN

Date

5/6/03

**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
D, P	Joseph DePiro	1674 Alton Road, Suite 500	Miami Beach, Florida 33139

**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)(l), 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:**

*Joseph DePiro*

Joseph DePiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/03

Date

(305) 538-0115

Daytime Phone #

CR2E081 (10/02)