PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR REINSTATEMENT DOCUMENT # P00000109596 1. Corporation Name MACO UNIQUE AFFAIRS, INC. Principal Place of Business MAIN ASSIST MAIN R. 23157 MAIN R.		PLICATION FOR NSTATEM			A DEPARTME Katherine Ha Secretary of S IVISION OF CORPO	arris State		ivit.	CKETARY OF S ON OF CORPO	IAIE	
Principal Place of Business Mailing Address 1000 SW 172 TERR MAMM R. 20157 Washington and enter correction below. Washing	1. Corpor	ration Name			96			0/ _A	10 V 28 PM 12:	ATIÕh: 51	
11020 SW 172 TERR MAMN FL 30157 If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in fledies in Florida In July 2000 If above addresses are incorrect in any way, line through incorrect information and line part a	VIACO	UNIQUE	AFFAIRS, IN	<i>.</i> .							
2. A Survey Predicting Conference of Activenes, if Ancipicable 3. Joy Major Office Address, if Applicable 5. Date Incorporated or Qualified 11/22/2000 5. FEI Number 4. Dots of Do Business in Florida 11/22/2000 5. FEI Number 4. Dots of Do Business in Florida 11/22/2000 5. FEI Number 4. Dots of Do Business in Florida 11/22/2000 7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 3. Officer and/or Director 4. City / State / Zip 7. Names and Street Addresses of Each Officer and/or Directors 3. Officer and/or Director 4. City / State / Zip 7. Names and Street Addresses of Each Officer and/or Directors 3. Officer and/or Director 4. City / State / Zip 7. Names and Street Addresses of Each Officer and/or Directors 4. Director Address of Each Officer and/or Director 4. City / State / Zip 8. Name Street Address of Each Officer and/or Director 4. Directors 6. Directors 6	11020 SW Maimi FL	172 TERR 33157		11020 SW 17 MAIML FL 33	22 TERR 157	r correction below	: ::::3S	TATEMEN			
Suite, Apt. #, etc. Suite, Ap	2/Now P						4. Date Incorp	porated or Qualified			
City & State W/ AUNI A Zip					Suite, Apt. #, etc.		11/22/2000			1 For	
Centrificate of Status Desired Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title (s) 2	City & Sta	ate William	: 4	City & State	100 4				1 1 1		
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip DP CAREY, OLIVA A 11020 SW 172 TERR MAIMI FL 33157 CEO CAREY, OLIVA A 11020 SW 172 TERR MAIMI FL 33157 DV CAREY, MCDONALD 11020 SW 172 TERR MAIMI FL 33157 BC 10004717015— -12/10/01—01093—004 ####*750.00 ####750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CAREY, OLIVIA A 11020 SW 172 TERR MAIMI FL 33157 Signature of Suite, Apl. #, Etc. City State Zip Code FL 2 Code FL 2 Code Registered Agent 2 State Signature of Registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 2 REGISTER AGENT/MUST SIGN REGISTER AGENT/MUST SIGN Date 1/12/0/ REGISTER REGISTER REGISTER Bob Date 1/12/0/ REGISTER REGISTER REGISTER REGISTER REGISTER Society of the special of the register of of rischapter 607 or 617, F.S. I further certify that when fill this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401 or 617.0401, F.S., that all fe	Zip	17/4/9/	lountry	Zip 33	107 Coun	117/18.4	6.	_			
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owed by the corporation have been paid and the names of inclividuals issed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	this re owed on this	instatement applic by the corporation	ation, the reason for di have been paid and th	ssolution has bee ne names of indivi	n eliminated, the corp duals listed on this fo	oorate name satisfies orm do not qualify for	the requirements an exemption ur	s of section 607.0401 or	617.0401, F.S., that all	fees	
SIGNATURE: MINIA G. CANY OLIVIA A. CANEY 11/26/01 (305)278-8		ATURE:	Mivia a	. lary	¥ 0410	IA A. C.	MEY	11/26/01	(305)278.	8194	