

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

DOCUMENT # P01000034433

1. Corporation Name
UNAMERICA.NET, Inc

25041 SW 127th Place

REINSTATEMENT 03-04

mrs

2. Principal Office Address
25041 SW 127th Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip
33032

Country
United States of A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 04-04-2001

5. FEI Number
651093328

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
Vanessa Arroyo

Street Address (P.O. Box Number is Not Acceptable)
25041 SW 127th Place

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33032

900042954259
12/17/04 01005-003 ***08.75

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

REGISTERED AGENT MUST SIGN

Date

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
CEO	Jose c. Garcia	25041 SW 127th Place	Miami, Florida 33032
P.	Vanessa I. Arroyo	25041 SW 127th Place	Miami, Florida 33032

900042954259
11/23/04-01022-005 ***300.00

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:

Vanessa Arroyo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-04 (786) 3010630

Date

Daytime Phone #

CR2001 (07/04)