

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000034902

1. Corporation Name

UNI USA, INC.

2. Principal Office Address - No P.O. Box #

6163 MIAMI LAKES DRIVE EAST

3. Mailing Office Address

6163 MIAMI LAKES DRIVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

Zip

33014

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/01

5. FEI Number

☐ 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

EDWARD GARCIA, INC

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

6163 MIAMI LAKES DRIVE EAST

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

500210037315

07/15/11--01030--006 **550.00

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

Edward Garcia

Date 07/09/11

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
D	KARIN SOENPIET	6163 MIAMI LAKES DRIVE EAST	MIAMI LAKES, FL 33014 US
D	ROY SOENTPIET	6163 MIAMI LAKES DRIVE EAST	MIAMI LAKES, FL 33014 US
D	EDWARD GARCIA	6163 MIAMI LAKES DRIVE EAST	MIAMI LAKES, FL 33014 US

10. E-mail Address: ED@EDWARDGARCIA.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Edward Garcia

07/09/11

305-823-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #