

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000041462**

**1. Corporation Name**

UNIQUE BUILDERS, INC.

175 W. SUNRISE AVE  
175 W. SUNRISE AVE

**2. Principal Office Address**

175 W. SUNRISE AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33133

Country

USA

**3. Mailing Office Address**

175 W. SUNRISE AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33133

Country

USA

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

4/24/2001

**5. FEI Number**

65-1110001

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

CARLOS PALOMINO

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

175 W. SUNRISE AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33133

**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

*[Handwritten Signature]*

Date 12/13/2004

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
P	CARLOS PALOMINO	175 W. SUNRISE AVE	CORAL GABLES FL 33133

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/04

Date

786-295-5528

Daytime Phone #

FILED

04 DEC 15 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700043429227  
12/15/04--01020--016 \*\*300.00

**REINSTATEMENT 03-04**

CR2001 (01/04)