

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P01000048264

1. Corporation Name

UNIQUE FINDINGS, INC.

Principal Place of Business

1715 JOHNSON ST.  
HOLLYWOOD FL 33020

Mailing Address

1715 JOHNSON ST.  
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/2001

5. FEI Number

65-110314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



FILED

02 NOV -4 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

MORRIS, TINA

1715 JOHNSON ST.

HOLLYWOOD FL 33020

100008792121

11/04/02--01107--023 \*\*150.00

8. Name and Address of Current Registered Agent

KOPSON, JOHN E  
7300 W. CAMINO REAL, #126  
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

ELLIOT GREENE

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

3405 NW 9 AVE #1201

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02

9545679003

CR2E040 (8/02)

**LAW OFFICES OF  
ELLIOT GREENE, P.A.**

3405 NW 9 AVENUE, SUITE 1201  
FT. LAUDERDALE, FLORIDA 33309

TEL (954) 567-9003  
FAX (954) 568-9004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee,  
FL 32314

October 30, 2002

Dear Sir or Madam:

Please find enclosed Annual Report and payment of \$150. Thank you very much for agreeing to waive the reinstatement fee as discussed. The original Annual Report did not arrive at the business address.

Many thanks.

Yours truly,



**Elliot Greene  
Attorney at Law  
For and on behalf of:  
Unique Findings, Inc.**