1012 ð, " PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 04 OCT 13 PM 3: 13 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # Polo00048264 1. Corporation Name UNIQUE Findings inc. **A**tinstatement 3. Mailing Office Address 11267 SW11<sup>M</sup> DIACE 2. Principal Office Address 1715 JONNSON St. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 15-5-2001 City & State City & State Hollywood 5. FEI Number 651/01314 Applied For DAVIE Not Applicable Country Zip Country 33020 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status FL FL 7. Name and Address of Current Registered Agent Name ELLIOK Greene Street Address (P.O. Box Number is Not Acceptable) 87 W. Dakland Park Boylevard, # Suite, Apt. #, Etc City LAUDErdale Zip Code State Ff. 3*3*311 FL (01/04) 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. ELLIS Grane REGISTERED AGENT MUST SIGN CR2E081 Signature of Date 9-20-2004 Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of City / State / Zip Officers and/or Directors 1715 JOHNSON St Hollywood AL TINA MORRIS 400041812404 10/12/04--01023--022 \*\*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.

MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Titles

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SIGNATURE:

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Daytime Phone #

9/20/2004

20F2

## Untitled

Date Septmeber 20th, 2004

Dear sir/Madam

I am writing to yourselves requesting reinstatement of my business P01000048264 "UNIQUE FINDINGS INC. business address still the same. 1715 Johnson st.

The mailing address had changed in 2002 from 1715 Johnson Street FL. 33020

to 11267 SW 11th Place Davie FL. 33325

as well as my registered agent Greene Elliott to 871 W. Oakland Park Boulevard, Ft. Lauderdale FL. 33311

From 3405 NW 9 Ave # 1201 Ft. Lauderdale FL. 33309

I had called and spoke to an agent, explained that we had not recieved notice in the mail either myself or my registered agent, for either years. I have been in hospital the last 6 months, thought this situation had been recitified and it hasnt. Please, the business is going strong i've enclosed a check for \$300. last year, this year.....

I do hope this matter can be resumed....

Sincerley, Conn

Tina Morris - Director

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