


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000097984</u>			
1. Corporation Name <u>UNIQUE IMPORTS TAMPA INC.</u>			
2. Principal Office Address <u>333 FALKENBURG RD</u>		3. Mailing Office Address <u>10109 DEEPBROOK DR</u>	
Suite, Apt. #, etc. <u>A-128</u>		Suite, Apt. #, etc. <u>RIVERVIEW</u>	
City & State <u>TAMPA, FL 33619</u>		City & State <u>RIVERVIEW, FL</u>	
Zip <u>33619</u>	Country <u>U.S.A</u>	Zip <u>33569</u>	Country <u>U.S.A</u>

FILED

03 MAY -6 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBK  
02-03

OCL 8-201

4. Date Incorporated or Qualified To Do Business in Florida <u>04/29/03</u>	
5. FEI Number <u>65-1143-864</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>MUNAWAR IQBAL</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>10109 DEEPBROOK DR</u>		
Suite, Apt. #, Etc.		
City <u>RIVERVIEW</u>	State <u>FL</u>	Zip Code <u>33569</u>

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

Munawar Iqbal

Date 04/29/03

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
<u>President</u>	<u>MUNAWAR IQBAL</u>	<u>10109 DEEPBROOK DR</u>	<u>RIVERVIEW, FL 33569</u>

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:

Munawar Iqbal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

Daytime Phone #

813-689-1662

CR2E081 (10/02)

20f2

04-29-2003

TO

FLORIDA DEPARTMENT OF STATE  
GLENDA E, HOOD  
SECRETARY OF STATE.

SUBJECT:

UNIQUE IMPORTS TAMPA INC.

REF #: P01000097984

Please kindly reinstate my application for Unique Imports Tampa Inc, because I did not received any document in the mail to renew the corporation.

Thank you  
Unique Imports Tampa Inc.  
President: Munawar Iqbal.

