

FROM : G.Nicholls

FAX NO. :

Dec. 18 2007 08:16AM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 27 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026235

1. Corporation Name

UNIQUE PRESENCE, INC.

200113437102
12/27/07--01030--009 **900.00

REINSTATEMENT de-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
5955 BAY HILL CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip

33463

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/02

5. FEI Number
03-0410058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HELENA CASTILLA

Street Address (P.O. Box Number is Not Acceptable)
5955 BAY HILL CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/18/07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HELENA CASTILLA	5955 BAY HILL CIRCLE	LAKE WORTH, FL 33463

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 607.0101 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 contained in Chapter 118, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/18/07

Daytime Phone 813-718-2208

jc 1/3