

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102704

1. Corporation Name

UNITY FOOD SUPPLY, INC.

2. Principal Office Address

1201 NW 23 Street

Suite, Apt. #, etc.

City & State

MIAMI

FLORIDA

Zip

33142-7619

Country

USA

3. Mailing Office Address

1201 NW 23 Street

Suite, Apt. #, etc.

City & State

MIAMI

FLORIDA

Zip

33142-7619

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-0032251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

MARQUEZ & MARCELO-ROBAINA, P.A.

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

782 NW LeJeune Road

Suite, Apt. #, Etc.

548

City

MIAMI

State

FL

Zip Code

33126

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 09/01/2004

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
DPS	HERNANDEZ, Alberto	3763 SW 108 Court	MIAMI, FLORIDA 33165

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

9/31/2004 (305) 447-1160

Date

Daytime Phone #

CR2001 (01/04)