

**CORPORATION
REINSTATEMENT**

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

FILED
 04 DEC 13 PM 1:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000031074

1. Corporation Name

Unipon of Florida, Corp.

2. Principal Office Address 2528 Sunfish Street Suite, Apt. #, etc.		3. Mailing Office Address 2528 Sunfish Street Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32839	Country United States	Zip 32839	Country United States

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida		8/5/1999
5. FEI Number 48-1307079	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$4.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Celma Machado		
Street Address (P.O. Box Number is Not Acceptable) 2528 Sunfish Street		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32839

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 **11/22/2004**

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 / Street / Zip
Director	Celma Machado	2528 Sunfish Street	Orlando, FL 32839

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

11/22/2004

Date

407-909-8981

Daytime Phone #

ERNESTO GONZALEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

GABLES INTERNATIONAL PLAZA
2655 LE JEUNE ROAD, SUITE PH 2-B
CORAL GABLES, FLORIDA 33134-5827

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
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November 22, 2004

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

RE: Unipon of Florida, Corp.
Document # P03000031074
EIN: 48-1307079
Form: Corporation Reinstatement

To Whom It May Concern:

The above-captioned Corporation has not received its *2004 For Profit Corporation Annual Report*, for the year 2004. Please note the change in principal office address and mailing office address in the enclosed form.

As per your request, enclosed please find *2004 Corporation Reinstatement*, and a check payable to Florida Department of State in the amount of \$150.00, for the year 2004.

Should you need any additional information, please do not hesitate to call me.

Respectfully,



Ernesto Gonzalez, C.P.A.
For The Firm

Enclosures Corporation Reinstatement
Check in the amount of \$150.

Cc: Unipon of Florida, Corp.