2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			TILED	
DOCUMENT # P03000150561			SECRETARY OF ST DIVISION OF CORPER	ATE ATIONS
Entity Name UNIFIED INVESTMENT GROUP, INC.			DIAISION OF CO (5,12)	HINES
ONLINE INVESTIMENT GROUP, INC.			06 MAR -8 AM 9	: 07
10.111		So we the	OUTIAN O 122	
Principal Place of Business	Mailing Address	-	The second secon	
2137 S. E. EDLER DRIVE Stuart, FL 34994	2137 S. E. EDLER DRIVE Stuart, Fl. 34994		REMSTATEM	N 05-06
				MED BIM BOIO GOID BILD NG DG (1 / DE)
2. Principal Place of Business	3. Mailing Address			
2499 64DES KUAD	2499 GLAD	EL RUAD		L MANNA REITH MYLTYT MYTHD MEENN 11810497 ET FRAN
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03032006 REIN-P	CR2E098 (11/05)
City & State	City & State	<u></u>	4. FEI Number	Applied For
Zip Zuzi Country	BOCA ICATON	Country	20-0517342	Not Applicable
33431	3343/	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Ro	gistered Agent
MILLER, JOHN P				
2499 GLADES ROAD		Street Addre	ss (P.O. Box Number is Not Acceptable)
SUITE 305A BOCA RATON, FL FL				
·		City		FL Zip Code
8. The above name ontity submits this statement	the purpose of changing its re	eaistered office or reai	stered agent, or both, in the State of Fio	
the obligations of registered agen		1000		[
SIGNATURE	1041	J P. //IIC	(60- 3	5/6
Signature types or printed name of registered oper	Mand title it applicable. (NOTE:	Registered Agent algnature r	equired when reinstating)	DATE
				rith s. 607.193(2)(b), F.S., the
FILE NOW!!! FEE IS \$300.00			corporation did r	not receive the prior notice.
10. OFFICERS AND	·····	11.	ADDITIONS/CHANGES TO OFFI	
TITLE PD	☐ Delete	TITLE PT	CHARRA AL.	Change Addition
STREET ADDRESS 2137 S. E. EDLER DR.		STREET ADDRESS	LOO CLATE RD	TE 305A
CITY-ST-ZIP STUART, FL 34994		CITY-ST-ZIP	XA-RATON FL 334	31
TITLE NAME	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	8000681	ADZES
CITY-ST-ZIP		CITY-ST-ZIP	03/20/0601023-	<u>-013 **300.00</u>
HILE.	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADORESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME Street address		
City-St-ZiP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
City-St-ZiP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				
of the corporation or the receiver or trustee empowered to execute this deport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE	T 4011		7/MIV.	
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	Date	Daytime Phone #
- At	-1 - 1 Ahn	MANN P	CEC IDENT	