

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 21 PM 4: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000068148

1. Corporation Name

Unique Strategy Investment, Inc.

2. Principal Office Address - No P.O. Box #

1107 Fosters Mill Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 05-08**

4. Date Incorporated or Qualified  
To Do Business in Florida April 26, 2004

5. FEI Number  
20-1039354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Henry Claude Joaceus

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

2750 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

suite 10B

City

Fort Lauderdale

State  
**FL**

Zip Code  
33311

☒ 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

*Henry Joaceus*

REGISTERED AGENT MUST SIGN

Date 8-12-08

**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
D/P	CHARNEL GEFFRARD	1107 Fosters Mill Drive	Boynton Beach, FL 33436
d/v/s/t	Marie B. Geffrard	1107 Fosters Mill Drive	Boynton Beach, FL 33436

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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 contained in Chapter 119, 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:

*Charnel Geffrard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08

Date

Daytime Phone #