

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -6 PM 3: 03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800092217998
03/12/07--01006--020 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P04000159060

1. Corporation Name

UNIFY PRODUCTIONS, INC.

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

3840 W HILLSBORO BLVD

Suite, Apt. #, etc

SUITE 214

City & State

DEERFIELD BCH, FL

Zip

33442

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/04

5. FEI Number

20-8554601

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

CONSULTING SOLUTIONS INC

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

939 SW 149 TER

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33326

☒ 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

Mark Luciano, PRESIDENT

REGISTERED AGENT MUST SIGN

Date 3/03/07

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 | ADALBERTO CORTES | 480 NW 48 th AVE | DEERFIELD BCH, FL 33442 |
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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:

Adalberto Cortes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07

Date

Daytime Phone #