

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|---------|--|---|--|
| DOCUMENT # P05000167846 1. Entity Name UNITY GENERAL DISTRIBUTORS III, INC. | | | | | |
| Principal Place of Business 13050 METRO PARKWAY FT. MYERS, FL 33912 | | | Mailing Address 13050 METRO PARKWAY FT. MYERS, FL 33912 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-4008271</div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RUSO, ANTONIO 13050 METRO PARKWAY FT. MYERS, FL 33912 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DP RUSO, ANTONIO 10125 SW 115 CT. MIAMI, FL 33176 | | TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="font-size: 1.2em; font-family: monospace;">000081303460</div> <div style="font-size: 1.2em; font-family: monospace;">10/27/06--01058--009 **150.00</div> | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DST RUSO, IRMA 10125 SW 115 CT. MIAMI, FL 33176 | | TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DVP RUSO, OMAR 2860 W. 3 CT. HIALEAH, FL 33010 | | TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DVP RUSO, VANESSA 2860 W. 3 CT. HIALEAH, FL 33010 | | TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | TITLE NAME STREET ADDRESS CITY ST ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| 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 report 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: | | | <div style="font-size: 1.5em; font-family: monospace;">10/23/06</div> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

131/20