

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000025853

1. Corporation Name

UNIQUE MARINE TRANSPORT INC.

2. Principal Office Address - No P.O. Box #  
13985 SW 25 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33175

Country

DADE

3. Mailing Office Address

13985 SW 25 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33175

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB 27, 2007

5. FEI Number

80-0171637

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

ROLANDO A. BARROS

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

13985 SW 25 TERRACE

Suite, Apt. #, Etc

City

MIAMI, FLORIDA

State

FL

Zip Code

33175

☒ 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

Date 02/05/2010

REGISTERED AGENT MUST SIGN

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
P	ROLANDO A. BARROS	13985 SW 25 TERRACE	MIAMI, FLORIDA 33175

REINSTATEMENT RH

10. E-mail Address: uniquemarine@me.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Rolando A. Barros

02/05/2010 305-562-7093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 15 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200170574542  
02/25/10--01037--014 \*\*300.00

CR2E081 (11/09)

200170574542  
03/16/10--01008--002 \*\*158.75