2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000059058

2002 NW 38TH TERRACE

LAUDERDALE LAKES, FL 33311 US

Address:

City-St-Zip:

FILED Oct 08, 2009 Secretary of State

Entity Nar	me: THE UN	IION OF FOUR, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	2ND TERRA E, FL 33068	DE US					
Current Mailing Address:			New Mailing Address:				
	2ND TERRA E, FL 33068	DE US					
FEI Number:	26-0193315	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desire	ed ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
173 SW 72	JR, JOBED 2ND TERRAG E, FL 33068	DE US					
	named entity of Florida.	y submits this statement for the	purpose of changing it	s registered	office or registered agent,	or both,	
SIGNATUR		DESAMOUR					
	Electro	onic Signature of Registered Ag	ent		Date		
		l93(2)(b), F.S., the corporation did n ng Trust Fund Contribution().	ot receive the prior notice) .			
OFFICERS	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P DESAMOUR, 173 SW 72NI MARGATE, F	D TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SAINT-JULIE 1103 EAST J) Delete N, JIMMY ASMINE LANE DERDALE, FL 33068 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (PETIT-FRER 2350 NW 601 SUNRISE, FL	TH AVENUE	Title: Name: Address: City-St-Zip:	DUMORNEY, 2002 NW 38T			
Title: Name:	S (X) Delete FARRY	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOBED DESAMOUR Ρ 10/08/2009