

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000050308

Entity Name: UNIQUE RELIEF, INC.

**FILED**  
**Aug 16, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

8181 NW 36TH STREET #18  
DORAL, FL 33166

**New Principal Place of Business:**

4445 W 16 AVE  
314,312  
HIALEAH, FL 33012

**Current Mailing Address:**

8181 NW 36TH STREET #18  
DORAL, FL 33166

**New Mailing Address:**

4445 W 16 AVE  
314,312  
HIALEAH, FL 33012

FEI Number: 27-4463553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOZANO, MARIO  
8181 NW 36TH STREET #18  
DORAL, FL 33166 US

**Name and Address of New Registered Agent:**

GARCIA, MAITE  
4445 W 16 AVE  
HIALEAH, FL 33012 US

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.

SIGNATURE: MAITE GARCIA

08/16/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARCIA, MAITE  
Address: 4445 W 16 AVE  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: MAITE GARCIA

P

08/16/2013

Electronic Signature of Signing Officer or Director

Date