

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 NOV -9 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000076745

1. Corporation Name  
**UNIFRAME MARKETING CORPORATION**

**REINSTATEMENT 95-98**

Principal Place of Business  
**505 S. Flagler Dr.  
Suite 1001  
West Palm Beach, FL 33401**

Mailing Address  
**505 S. Flagler Dr.  
Suite 1001  
West Palm Beach  
Florida 33401**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**505 S. Flagler Drive  
Suite, Apt. #, etc.  
1001  
City & State  
West Palm Beach, FL  
Zip  
33401**

Country  
**U.S.A.**

3. New Mailing Address, If Applicable  
**505 S. Flagler Drive  
Suite, Apt. #, etc.  
1001  
City & State  
West Palm Beach, FL  
Zip  
33401**

Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business In Florida  
**10/29/1993**

5. FEI Number  
**65-0452831**

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Antti Karsisto	505 S. Flagler Drive Suite 1001	West Palm Beach, Florida 33401

3000002686843--7  
-11/13/98--01037--011  
\*\*\*1208.75 \*\*\*1208.75

JP 11-12-98

8. Name and Address of Current Registered Agent

**James E. Fullwood, Jr.  
18163 SE Ridgeview Drive  
Tequesta, FL 33469**

9. Name and Address of New Registered Agent

Name  
**Christian N. Scholin**

Street Address (P.O. Box Number is Not Acceptable)  
**505 South Flagler Drive**

Suite, Apt. #, Etc.  
**Suite 1001**

City  
**West Palm Beach**

State  
**FL**

Zip Code  
**33401**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/5/98**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Antti Karsisto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**561-655-7711**

Daytime Phone #

CR2E040 (12/95)