

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012474

1. Corporation Name

Unique Fashion Corporation
3601 NE 207 Street, #1314
Aventura, Florida 33180

2. Principal Office Address

3601 NE 207 Street

3. Mailing Office Address

3601 NE 207 Street

Suite, Apt. #, etc.

#1314

Suite, Apt. #, etc.

#1314

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country

USA

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/14/1995

5. FEI Number

65-0567053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Daniel Chung

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

3601 NE 207 Street

Suite, Apt. #, Etc.

#1314

City

Aventura

State
FL

Zip Code
33180

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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, D	Chung, Daniel	3601 NE 207 Street, #1314	Aventura, FL 33180
S, T, D	Chung, Myong H	3601 NE 207, St. #1314	Aventura, FL 33180

REINSTATEMENT 99-02

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10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Chung

President

Date

Daytime Phone #

10/22/02 (305) 324-4646