

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 2:55

DOCUMENT # P95000055876

1. Corporation Name

UNIQUE MEDICAL GROUP INC.

Principal Place of Business

Mailing Address

4445 WEST 16 AVE.
#802
HIALEAH FL 33012

4445 WEST 16 AVE.
#802
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1995

5. FEI Number

65-0803177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions for details on this section.

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	VALDES, ROLANDO	9460 FONTAIN BLEU BLVD. APT 624	MIAMI FL 33172
		4445 WEST 16 AVE	HIALEAH FL 33012
		SUITE 602	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, ROLANDO
1570 W. 43RD PL.
SUITE 25
HIALEAH FL 33012

Name
VALDES, ROLANDO
Street Address (P.O. Box Number is Not Acceptable)
4445 WEST 16 AVE
Suite, Apt. #, Etc.
SUITE 602
City
HIALEAH
State
FL
Zip Code
33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-14-99

REGISTERED AGENT MUST SIGN

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 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

Date 10-14-99

Daytime Phone #

AD