

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 OCT 19 AM 10:37

**DOCUMENT # P95000074731**

1. Corporation Name

**UNIQUE GEMS INT'L CORP.**

Principal Place of Business

Mailing Address

3250 MARY ST  
SUITE 100  
MIAMI FL 33133  
US

3250 MARY ST  
SUITE 100  
MIAMI FL 33133  
US

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



**REINSTATEMENT**

99

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1995

5. FEI Number

65-0612701

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FREEMAN, LEWIS B	3250 MARY ST, SUITE 100	MIAMI FL 33133

200003029802--8  
11/01/99 01004 006  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

JB 10/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, LEWIS  
3250 MARY STREET  
SUITE 103  
COCONUT GROVE FL 33133

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
FL  
Zip Code

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

*LEWIS B. FREEMAN*

Date 10-12-99

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:

*LEWIS B. FREEMAN*

LEWIS B. FREEMAN, RECEIVER

Date

Daytime Phone #

10-12-99

305-443-6622

CR2000 (8/99)