

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 29 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047087

1. Corporation Name

UNIMARK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

11511 S.W. 127TH ST.
MIAMI FL 33176

11511 S.W. 127TH ST.
MIAMI FL 33176

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0672048

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAINES, HAROLD G	11511 S.W. 127TH ST.	MIAMI FL 33176
D	MOSKOVITZ, DAVID	1514 S.W. 149TH AVENUE	PEMBROKE PINES FL 33027
			200003533762--3 -01/11/01--01105--022 ****750.00 ****750.00
			REINSTATEMENT
			TS

8. Name and Address of Current Registered Agent

LICKO, GARY A
8617 S.W. 131ST ST.
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name HAROLD G. HAINES
Street Address (P.O. Box Number is Not Acceptable)
11511 S.W. 127TH ST.
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33176

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

Harold G. Haines
REGISTERED AGENT MUST SIGN

Date 12-27-2000

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:

Harold G. Haines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-2000

Date

305-298-3349

Daytime Phone #

CR2E040 (8/00)