

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056142

1. Corporation Name

UNIMAK, INCORPORATED

REINSTATEMENT 03

500025189395
12/03/03--01034--008 **158.75

2. Principal Office Address

18801 W. OAKMONT DR.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33015

Country

U.S.A.

3. Mailing Office Address

P. O. Box 191371

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33119-1371

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/1996

5. FEI Number

65-0678305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KHUNDA, AYAD

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

18801 W. OAKMONT DR.

Suite, Apt. #, Etc.

City

MIAMI LAKES,

State

FL

Zip Code

33015

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 11/25/03

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
PSTD	KHUNDA, AYAD	18801 W. OAKMONT DR.	MIAMI LAKES, FL 33015

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

AYAD KHUNDA

Date

11/25/03

Daytime Phone #

(305)606-7107

UniMAK, Incorporated

P.O. Box 191371

Miami Beach, FL 33119-1371

Tel: 305-606-7107 Fax: 305-829-8080

November 25, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement - Document # P96000056142

Dear Madam/Sir:

This is to serve as notice that this corporation did not receive the UBR Notice(s) for 2003.

This will also serve as a request to kindly reinstate the corporation noting that a completely filled application for reinstatement (after downloading via internet) is enclosed along with the filing fee and an additional fee for a Certificate of Status.

Please accept our thanks and best wishes for the holiday season.

Sincerely,



Ayad Khunda
President